

FORM
5
Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:
400145732

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type Final completion Preliminary completion

1. OGCC Operator Number: 28600
2. Name of Operator: EXXON MOBIL CORPORATION
3. Address: P O BOX 4358
City: HOUSTON State: TX Zip: 77210-
4. Contact Name: Beatrice Sabala
Phone: (281) 654-2685
Fax: (281) 654-1940

5. API Number 05-103-11420-00
6. County: RIO BLANCO
7. Well Name: FREEDOM UNIT
Well Number: 197-33B7
8. Location: QtrQtr: SWNE Section: 33 Township: 1S Range: 97W Meridian: 6
Footage at surface: Distance: 2382 feet Direction: FNL Distance: 1402 feet Direction: FEL
As Drilled Latitude: 39.921401 As Drilled Longitude: -108.282531

GPS Data:
Date of Measurement: 09/07/2010 PDOP Reading: 2.0 GPS Instrument Operator's Name: D Petty

** If directional footage at Top of Prod. Zone Dist.: 1949 feet. Direction: FNL Dist.: 1668 feet. Direction: FEL
Sec: 33 Twp: 1S Rng: 97W

** If directional footage at Bottom Hole Dist.: 2152 feet. Direction: FNL Dist.: 1589 feet. Direction: FEL
Sec: 33 Twp: 1S Rng: 97W

9. Field Name: PICEANCE CREEK 10. Field Number: 68800
11. Federal, Indian or State Lease Number: COC60722

12. Spud Date: (when the 1st bit hit the dirt) 04/04/2010 13. Date TD: 08/25/2010 14. Date Casing Set or D&A: 08/27/2010

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 12308 TVD** 12248 17 Plug Back Total Depth MD 12216 TVD** 12154

18. Elevations GR 6459 KB 6489
One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:
Logs sent with previous Form 5

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	26	16	75	0	120	96	0	120	CALC
SURF	14+3/4	10+3/4	45.50	1345	4,254	1,105	1,345	4,265	CALC
1ST	8+3/4	7	26	0	8,479	650	0	8,490	CALC
2ND	6+1/8	4+1/2	15.10	0	12,296	900	9,800	12,308	CALC

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	SURF	1,345	900	0	1,345

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
WASATCH G	5,370	5,690	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	5,690	7,113	<input type="checkbox"/>	<input type="checkbox"/>	
OHIO CREEK	7,113	7,402	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK - CAMEO	7,402	11,214	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	11,214	11,367	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	11,367	11,707	<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	11,707	12,308	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Revised:
Casing
Formation Log

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Beatrice Sabalal

Title: Technical Assistant Date: 3/23/2011 Email: beatrice.sabala@exxonmobil.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400145732	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Engineer	I have concerns on the casing cement coverage. 6/17/11	6/17/2011 12:10:55 PM

Total: 1 comment(s)