

FORM  
5A

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



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Document Number:

400218001

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 28600 4. Contact Name: Jackie Davis  
2. Name of Operator: EXXON MOBIL CORPORATION Phone: (281) 654-1913  
3. Address: P O BOX 4358 Fax: (281) 654-1940  
City: HOUSTON State: TX Zip: 77210-

5. API Number 05-103-11424-00 6. County: RIO BLANCO  
7. Well Name: FREEDOM UNIT Well Number: 197-33B6  
8. Location: QtrQtr: SWNE Section: 33 Township: 1S Range: 97W Meridian: 6  
9. Field Name: PICEANCE CREEK Field Code: 68800

Completed Interval

FORMATION: COZZETTE Status: PRODUCING

Treatment Date: 12/09/2010 Date of First Production this formation: 12/19/2010

Perforations Top: 11655 Bottom: 11862 No. Holes: 48 Hole size: 0.34

Provide a brief summary of the formation treatment: Open Hole: ☐

Frac'd w/ 33,750# 100 mesh & 162,000# 40/70 sand proppant.

This formation is commingled with another formation: ☒ Yes ☐ No

**Test Information:**

Date: 12/20/2010 Hours: 24 Bbls oil:            Mcf Gas:            Bbls H2O:           

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 56 Bbls H2O: 53 GOR: 0

Test Method: Flowing Casing PSI: 2200 Tubing PSI:            Choke Size: 15/64

Gas Disposition: SOLD Gas Type: WET BTU Gas:            API Gravity Oil:           

Tubing Size: 2 + 3/8 Tubing Setting Depth: 10447 Tbg setting date: 08/07/2011 Packer Depth:           

Reason for Non-Production:

Date formation Abandoned:            Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt           

Bridge Plug Depth:            Sacks cement on top:



### Attachment Check List

Att Doc Num	Name
400218001	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

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