

FORM
5Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

1665239

Date Received:

10/19/2009

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

4. Contact Name: BEATRICE SABALA

2. Name of Operator: EXXON MOBIL CORPORATION

Phone: (713) 431-1125

3. Address: P O BOX 4358

Fax: (713) 431-1619

City: HOUSTON State: TX Zip: 77210-

5. API Number 05-103-11194-00

6. County: RIO BLANCO

7. Well Name: FREEDOM UNIT

Well Number: 297-8B5

8. Location: QtrQtr: SENW Section: 8 Township: 2S Range: 97W Meridian: 6

Footage at surface: Distance: 2450 feet Direction: FNL Distance: 1414 feet Direction: FWL

As Drilled Latitude: As Drilled Longitude:

GPS Data:

Date of Measurement: PDOP Reading: GPS Instrument Operator's Name:

** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

** If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

9. Field Name: PICEANCE CREEK

10. Field Number: 68800

11. Federal, Indian or State Lease Number: COC-57286

12. Spud Date: (when the 1st bit hit the dirt) 08/27/2009 13. Date TD: 08/30/2009 14. Date Casing Set or D&A: 08/31/2009

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 4504 TVD** 4403 17 Plug Back Total Depth MD TVD**

18. Elevations GR 6504 KB 6517

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:

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 | | 0 | 120 | 96 | 0 | 120 | CALC |
| SURF | 14+3/4 | 10+3/4 | | 0 | 4,489 | 2,128 | 1,464 | 4,504 | CALC |

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date:

| Method used | String | Cementing tool setting/perf depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| DV TOOL | SURF | 1,464 | 843 | 0 | 1,464 |

Details of work:

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 | |
| CORCORAN | | | <input type="checkbox"/> | <input type="checkbox"/> | FINAL FORM 5 WILL BE FILLED WITHIN 30 DAYS TO MEET |
| COZZETTE | | | <input type="checkbox"/> | <input type="checkbox"/> | DRILLED TO TD. UPON RECIEPT, LOGS, LOG COPIES AND |
| OHIO CREEK | | | <input type="checkbox"/> | <input type="checkbox"/> | SMALL RIG DRILLS SURFACE HOLES, WHEN COMPLETE |
| ROLLINS | | | <input type="checkbox"/> | <input type="checkbox"/> | PRIDUCTION HOLES. LOGS & SURVEYS RUN WHEN ALL WELLS |
| WASATCH | | | <input type="checkbox"/> | <input type="checkbox"/> | FRU 297-8B1-10 WELLS ARE BEING BATCHED DRILLED. |
| WILLIAMS FORK - CAMEO | | | <input type="checkbox"/> | <input type="checkbox"/> | LARGER RIG MOVES ON PAD TO DRILL INTERMEDIATE AND |

Comment:

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

Signed: Y _____ Print Name: BEATRICE SABALA _____

Title: BEATRICE SABALA Date: 10/15/2009 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"/> |

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)