

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



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Document Number:

1665241

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: BEATARICE 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 05-103-11199-00

6. County: RIO BLANCO

7. Well Name: FREEDOM UNIT

Well Number: 297-8B6

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

Footage at surface: Distance: 2500 feet Direction: FNL Distance: 1446 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) 09/01/2009 13. Date TD: 09/04/2009 14. Date Casing Set or D&amp;A: 09/05/2009

## 15. Well Classification:

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

16. Total Depth MD 4271 TVD\*\* 4068 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	4,255	2,115	1,476	4,255	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	1,476	835	0	1,476

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"/>	AND FINAL FORM 5 WILL BE FILLED WITHIN 30DAYS TO
COZZETTE			<input type="checkbox"/>	<input type="checkbox"/>	WELLS DRILED TO TD. UPON RECEIPT, LOG, LOG COPIES
OHIO CREEK			<input type="checkbox"/>	<input type="checkbox"/>	SMALL RIG DRILLS SURFACE HOLES, WHEN COMPLETE
ROLLINS			<input type="checkbox"/>	<input type="checkbox"/>	PRODUCTION HOLES. LOGS & SURVEYS RUN WHEN ALL
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: TECHNICAL ASSISTANT 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)