

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.

Document Number:
1716154

Date Received:
09/09/2009

Completion Type Final completion Preliminary completion

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

5. API Number 05-103-11196-00 6. County: RIO BLANCO
 7. Well Name: FREEDOM UNIT Well Number: 297-8B3
 8. Location: QtrQtr: SENW Section: 8 Township: 2S Range: 97W Meridian: 6
 Footage at surface: Distance: 2480 feet Direction: FNL Distance: 1419 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: 57286

12. Spud Date: (when the 1st bit hit the dirt) 08/16/2009 13. Date TD: 08/19/2009 14. Date Casing Set or D&A: 08/20/2009

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

16. Total Depth MD 4490 TVD** 4428 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	45.5	0	4,470	1,290	1,441	4,490	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	1,441	900	0	1,441

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

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 ASST. Date: 6/15/2010 Email: BEATRICE.@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

Total: 0 comment(s)