

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:

400085610

**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  
2. Name of Operator: EXXON MOBIL CORPORATION  
3. Address: P O BOX 4358  
City: HOUSTON State: TX Zip: 77210-43  
4. Contact Name: Beatrice Sabala  
Phone: (281) 654-2685  
Fax: (281) 654-1940

5. API Number 05-103-11099-00  
6. County: RIO BLANCO  
7. Well Name: FREEDOM UNIT  
Well Number: 197-33A1  
8. Location: QtrQtr: SWSE Section: 33 Township: 1S Range: 97W Meridian: 6

Completed Interval

FORMATION: <u>COZZETTE</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>06/27/2010</u>		Date of First Production this formation: <u>07/07/2010</u>	
Perforations	Top: <u>11250</u> Bottom: <u>11368</u>	No. Holes: <u>36</u>	Hole size: <u>0.28</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>Frac w/ 34,700# 40/70, 12,100# 40/70 RCS, 8,600# 100 mesh proppant.</u>			
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>			
Date: <u>07/07/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>0</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:	Bbls oil: <u>0</u>	Mcf Gas: <u>70</u>	Bbls H2O: <u>43</u> GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>1371</u>	Tubing PSI: <u></u>	Choke Size: <u>18/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u></u>	API Gravity Oil: <u></u>
Tubing Size: <u></u>	Tubing Setting Depth: <u></u>	Tbg setting date: <u></u>	Packer Depth: <u></u>
Reason for Non-Production: <u></u>			
Date formation Abandoned: <u></u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u></u>
Bridge Plug Depth: <u></u>		Sacks cement on top: <u></u>	

FORMATION: <u>CORCORAN</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>06/27/2010</u>		Date of First Production this formation: <u>07/06/2010</u>	
Perforations	Top: <u>11458</u>	Bottom: <u>11977</u>	No. Holes: <u>108</u> Hole size: <u>0.28</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<div style="border: 1px solid black; padding: 5px;"> Frac w/ 162,100# 40/70, 56,900# 40/70 RCS, 40,900# 100 mesh proppant. Set frac plug at 11,590.  Drilled out all plugs. </div>			
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>			
Date: <u>07/07/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>0</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>182</u> Bbls H2O: <u>111</u> GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>1371</u>	Tubing PSI: _____	Choke Size: <u>18/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: _____	API Gravity Oil: _____
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____
Reason for Non-Production:			
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: _____		Sacks cement on top: _____	

FORMATION: <u>WILLIAMS FORK - CAMEO</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>07/03/2010</u>		Date of First Production this formation: <u>07/06/2010</u>	
Perforations	Top: <u>9089</u>	Bottom: <u>10852</u>	No. Holes: <u>336</u> Hole size: <u>0.28</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<div style="border: 1px solid black; padding: 5px;"> Frac w/408,400# 40/70, 173,600# 40/70 RCS, 113,700# 100 mesh proppant. Set frac plugs at 9,370, 10,310, 10,842.  All plugs drilled out. </div>			
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>			
Date: <u>07/07/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>0</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>900</u> Bbls H2O: <u>550</u> GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>1371</u>	Tubing PSI: _____	Choke Size: <u>18/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: _____	API Gravity Oil: _____
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____
Reason for Non-Production:			
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: _____		Sacks cement on top: _____	

Comment:

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

Signed: \_\_\_\_\_

Print Name: Beatrice Sabala

Title: Technical Asst.

Date: \_\_\_\_\_

Email beatrice.sabala@exxonmobil.com

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Based on the information provided herein, this Application for Permit-to-Drill complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_

**Director of COGCC**

Date: \_\_\_\_\_

**Attachment Check List**

Att Doc Num	Name	Doc Description
400085680	WELLBORE DIAGRAM	FRU 197-33A1_Well Schematic_0810.pdf

Total Attach: 1 Files