

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



DE ET OE ES

Document Number:

400085783

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 05-103-11101-00
6. County: RIO BLANCO
7. Well Name: FREEDOM UNIT
Well Number: 197-33A5
8. Location: QtrQtr: SWSE Section: 33 Township: 1S Range: 97W Meridian: 6

Completed Interval

FORMATION: COZZETTE Status: PRODUCING
Treatment Date: 06/21/2010 Date of First Production this formation: 07/01/2010
Perforations Top: 11679 Bottom: 11681 No. Holes: 12 Hole size: 0.28
Provide a brief summary of the formation treatment: Open Hole:
Frac w/ 9,400# 100, 36,500# 40/70, 12,700# 40/70 RCS mesh proppant.
This formation is commingled with another formation: Yes No
Test Information:
Date: 07/04/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 170 Bbls H2O: 141 GOR: 0
Test Method: Flowing Casing PSI: 1317 Tubing PSI: _____ Choke Size: 24/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: _____ API Gravity Oil: _____
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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: _____

FORMATION: CORCORAN Status: PRODUCING

Treatment Date: 06/21/2010 Date of First Production this formation: 07/01/2010

Perforations Top: 11743 Bottom: 12279 No. Holes: 108 Hole size: 0.28

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

Frac w/ 87,600# 100, 341,600# 40/70, 109,200# 40/70 RCS mesh proppant.

This formation is commingled with another formation: Yes No

Test Information:

Date: 07/04/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 349 Bbls H2O: 289 GOR: 0

Test Method: Flowing Casing PSI: 1317 Tubing PSI: _____ Choke Size: 24/64

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

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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: _____

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 06/28/2010 Date of First Production this formation: 07/01/2010

Perforations Top: 8693 Bottom: 11032 No. Holes: 408 Hole size: 0.28

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

Frac w/ 257,400# 100, 882,800# 40/70, 363,500# 40/70 RCS mesh proppant. Set frac plugs at 9,775, 10,190, 10,955. All plugs drilled out.

This formation is commingled with another formation: Yes No

Test Information:

Date: 07/04/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1616 Bbls H2O: 1337 GOR: 0

Test Method: Flowing Casing PSI: 1317 Tubing PSI: _____ Choke Size: 24/64

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

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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: _____

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
400085787		Fru 197-33A5_Wellbore Schematic_0810.pdf

Total Attach: 1 Files