

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:

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**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 05-103-11005-00  
6. County: RIO BLANCO  
7. Well Name: FREEDOM UNIT  
Well Number: 297-17A7  
8. Location: QtrQtr: NWSE Section: 17 Township: 2S Range: 97W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: <u>COZZETTE</u>		Status: <u>PRODUCING</u>		
Treatment Date: <u>08/15/2010</u>		Date of First Production this formation: <u>08/16/2010</u>		
Perforations	Top: <u>11200</u>	Bottom: <u>11390</u>	No. Holes: <u>48</u>	Hole size: <u>0.34</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Test Information:</b>				
Date: <u>08/18/2010</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>231</u>	Bbls H2O: <u>165</u> GOR: _____
Test Method: <u>Flowing</u>	Casing PSI: <u>1496</u>	Tubing PSI: _____	Choke Size: <u>35/64</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: _____				
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: _____				



Based on the information provided herein, this Completed Interval Report (Form 5A) 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
400104676		FRU 297-17A7_Wellbore Schematic_1010.pdf

Total Attach: 1 Files