

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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COMPLETED INTERVAL REPORT

Document Number:

400085699

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 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: 77210-43

5. API Number 05-103-11098-00 6. County: RIO BLANCO  
 7. Well Name: FREEDOM UNIT Well Number: 197-33A2  
 8. Location: QtrQtr: SWSE Section: 33 Township: 1S Range: 97W Meridian: 6  
 9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: COZZETTE Status: PRODUCING  
 Treatment Date: 06/22/2010 Date of First Production this formation: 07/01/2010  
 Perforations Top: 11562 Bottom: 11696 No. Holes: 48 Hole size: 0.28  
 Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:   
 Frac w/ 29,500# 100 and 148,700# 40/70 mesh proppant. Set frac plug at 11,684.  
 Frac plug drilled out.  
 This formation is commingled with another formation:  Yes  No  
**Test Information:**  
 Date: 07/04/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 173 Bbls H2O: 134  
 Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 173 Bbls H2O: 134 GOR: 0  
 Test Method: Flowing Casing PSI: 1698 Tubing PSI: \_\_\_\_\_ Choke Size: 26/64  
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1070 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: 06/22/2010 Date of First Production this formation: 07/01/2010

Perforations Top: 11795 Bottom: 12121 No. Holes: 84 Hole size: 0.28

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

Frac w/ 79,300# 100 and 398,600# 40/70 mesh proppant.

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 07/04/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 313 Bbls H2O: 242

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 313 Bbls H2O: 242 GOR: 0

Test Method: Flowing Casing PSI: 1698 Tubing PSI: \_\_\_\_\_ Choke Size: 26/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1070 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: 06/27/2010 Date of First Production this formation: 07/01/2010

Perforations Top: 9153 Bottom: 11110 No. Holes: 336 Hole size: 0.28

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

Frac w/ 249,300# 100 and 1,233,800# 40/70 mesh proppant. Set frac plugs at 9,870 and 10,650. 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: 2186 Bbls H2O: 1690

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 2186 Bbls H2O: 1690 GOR: 0

Test Method: Flowing Casing PSI: 1698 Tubing PSI: 1070 Choke Size: 26/64

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: 8/18/2010 Email: beatrice.sabala@exxonmobil.com

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: David S. Neslin Director of COGCC Date: 11/3/2010

**Attachment Check List**

Att Doc Num	Name	Doc Description
400085699	FORM 5A SUBMITTED	LF@2525577 400085699
400085723		LF@2525578 400085723

Total Attach: 2 Files