

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:

400085699

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 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: _____

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 G. 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