

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:

400085765

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 05-103-11100-00 6. County: RIO BLANCO
7. Well Name: FREEDOM UNIT Well Number: 197-33A4
8. Location: QtrQtr: SWSE Section: 33 Township: 1S Range: 97W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>COZZETTE</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>06/22/2010</u>		Date of First Production this formation: <u>07/04/2010</u>	
Perforations	Top: <u>11677</u>	Bottom: <u>11801</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"/>	
<div>Frac w/ 11,700# 100, 58,800# 40/70 mesh proppant.</div>			
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:			
Date: <u>07/04/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>160</u> Bbls H2O: <u>143</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>160</u> Bbls H2O: <u>143</u> GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>2617</u>	Tubing PSI: _____	Choke Size: <u>25/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1070</u>	API Gravity Oil: _____
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____
Reason for Non-Production: <div></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: _____	

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
400085765	FORM 5A SUBMITTED	LF@2525873 400085765
400085775		LF@2525874 400085775

Total Attach: 2 Files