

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

COMPLETED INTERVAL REPORT

Document Number:
400085765

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 05-103-11100-00
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: COZZETTE Status: PRODUCING

Treatment Date: 06/22/2010 Date of First Production this formation: 07/04/2010

Perforations Top: 11677 Bottom: 11801 No. Holes: 36 Hole size: 0.28

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

Frac w/ 11,700# 100, 58,800# 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: 160 Bbls H2O: 143

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 160 Bbls H2O: 143 GOR: 0

Test Method: Flowing Casing PSI: 2617 Tubing PSI: _____ Choke Size: 25/64

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: 07/04/2010

Perforations Top: 12008 Bottom: 12314 No. Holes: 84 Hole size: 0.28

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

Frac w/ 36,100# 100, 180,500# 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: 310 Bbls H2O: 277

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 310 Bbls H2O: 277 GOR: 0

Test Method: Flowing Casing PSI: 2617 Tubing PSI: _____ Choke Size: 25/64

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 Status: PRODUCING

Treatment Date: 07/06/2010 Date of First Production this formation: 07/04/2010

Perforations Top: 9126 Bottom: 11316 No. Holes: 384 Hole size: 0.28

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

Frac w/ 175,500# 100, 878,700# 40/70 mesh proppant. Set frac plugs at 9,733, 10,610, 11,184, 11,188. 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: 1998 Bbls H2O: 1782

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 1998 Bbls H2O: 1782 GOR: 0

Test Method: Flowing Casing PSI: 2617 Tubing PSI: _____ Choke Size: 25/64

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

Total Attach: 2 Files