

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:

400096760

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 05-103-11005-00 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: COZZETTE Status: PRODUCING
 Treatment Date: 08/15/2010 Date of First Production this formation: 08/16/2010
 Perforations Top: 11200 Bottom: 11390 No. Holes: 48 Hole size: 0.34
 Provide a brief summary of the formation treatment: _____ Open Hole:
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 08/18/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 231 Bbls H2O: 165 GOR: _____
 Test Method: Flowing Casing PSI: 1496 Tubing PSI: _____ Choke Size: 35/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1054 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: 08/15/2010 Date of First Production this formation: 08/16/2010

Perforations Top: 11489 Bottom: 11533 No. Holes: 24 Hole size: 0.34

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

This formation is commingled with another formation: Yes No

Test Information:

Date: 08/18/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 105 Bbls H2O: 75 GOR: _____

Test Method: Flowing Casing PSI: 1496 Tubing PSI: _____ Choke Size: 35/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1054 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: 11612 Sacks cement on top: 2

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 08/16/2010 Date of First Production this formation: 08/16/2010

Perforations Top: 9315 Bottom: 10913 No. Holes: 240 Hole size: 0.34

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

This formation is commingled with another formation: Yes No

Test Information:

Date: 08/18/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 2551 Bbls H2O: 1826 GOR: _____

Test Method: Flowing Casing PSI: 1496 Tubing PSI: _____ Choke Size: 35/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1054 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 Assistant Date: 10/29/2010 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. *David S. Neskin*

COGCC Approved: _____ Director of COGCC Date: 11/15/2010

Attachment Check List

Att Doc Num	Name	Doc Description
400096760	FORM 5A SUBMITTED	LF@2611578 400096760
400104676	WELLBORE DIAGRAM	LF@2611579 400104676

Total Attach: 2 Files