

**FORM**  
**5**Rev  
02/08State 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

Document Number:

400108054

**DRILLING COMPLETION REPORT**

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary 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 05-103-11420-00 6. County: RIO BLANCO  
7. Well Name: FREEDOM UNIT Well Number: 197-33B7  
8. Location: QtrQtr: SWNE Section: 33 Township: 1S Range: 97W Meridian: 6  
Footage at surface: Distance: 2382 feet Direction: FNL Distance: 1402 feet Direction: FEL  
As Drilled Latitude: 39.921401 As Drilled Longitude: -108.282531

## GPS Data:

Data of Measurement: 09/07/2010 PDOP Reading: 2.0 GPS Instrument Operator's Name: D Petty

## \*\* If directional footage

at Top of Prod. Zone Distance: 1949 feet Direction: FNL Distance: 1668 feet Direction: FEL  
Sec: 33 Twp: 1S Rng: 97W  
at Bottom Hole Distance: 2152 feet Direction: FNL Distance: 1589 feet Direction: FEL  
Sec: 33 Twp: 1S Rng: 97W

9. Field Name: PICEANCE CREEK 10. Field Number: 68800  
11. Federal, Indian or State Lease Number: COC60722

12. Spud Date: (when the 1st bit hit the dirt) 04/04/2010 13. Date TD: 08/25/2010 14. Date Casing Set or D&A: 08/27/2010

## 15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 12308 TVD 12248 17 Plug Back Total Depth MD 12208 TVD 1214818. Elevations GR 6446 KB 6476

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

## 19. List Electric Logs Run:

Gasview, Radial Analysis Bond Log, Reservoir Performance Monitor, Directional Survey, Mud Logs

## 20. Casing, Liner and Cement:

### CASING

| Casing Type | Size of Hole | Size of Casing | Weight Per Foot | Setting Depth | Sacks Cement | Cement Top | Cement Bot | Status |
|-------------|--------------|----------------|-----------------|---------------|--------------|------------|------------|--------|
| CONDUCTOR   | 26           | 16             | 75              | 120           | 96           | 0          | 120        | CALC   |
| SURF        | 14+3/4       | 10+3/4         | 45.50           | 4,254         | 1,105        | 1,345      | 4,265      | CALC   |
| S.C. 1.1    | 8+3/4        | 7              | 26              | 8,479         | 650          | 0          | 8,490      | CALC   |
| S.C. 2.1    | 6+1/8        | 4+1/2          | 15.10           | 12,296        | 900          | 6,140      | 12,308     | CALC   |

### ADDITIONAL CEMENT

Cement work date: \_\_\_\_\_

Details of work: \_\_\_\_\_

| Method used | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| DV TOOL     | SURF   | 1,345                             | 900           | 0          | 1,345         |

21. Formation log intervals and test zones:

### FORMATION LOG INTERVALS AND TEST ZONES

| FORMATION NAME | Measured Depth |        | Check if applies         |                          | COMMENTS (All DST and Core Analyses must be submitted to COGCC) |
|----------------|----------------|--------|--------------------------|--------------------------|---|
|                | Top            | Bottom | DST                      | Cored                    |   |
|                |                |        | <input type="checkbox"/> | <input type="checkbox"/> |   |

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: \_\_\_\_\_ Email: beatrice.sabala@exxonmobil.com

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

### Attachment Check List

| Att Doc Num | Name |
|-------------|------|
| 400108123   |      |
| 400111369   |      |

Total Attach: 2 Files

### General Comments

User Group      Comment      Comment Date

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Total: 0 comment(s)