

FORM  
5

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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DRILLING COMPLETION REPORT

Document Number:

400111980

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: Jackie Davis  
2. Name of Operator: EXXON MOBIL CORPORATION Phone: (281) 654-1913  
3. Address: P O BOX 4358 Fax: (218) 654-1940  
City: HOUSTON State: TX Zip: 77210-43

5. API Number 05-103-11633-00 6. County: RIO BLANCO  
7. Well Name: Freedom Unit Well Number: 197-28A5  
8. Location: QtrQtr: NWSW Section: 28 Township: 1S Range: 97W Meridian: 6  
Footage at surface: Distance: 2357 feet Direction: FSL Distance: 234 feet Direction: FWL  
As Drilled Latitude: 39.934448 As Drilled Longitude: -108.295900

GPS Data:  
Data of Measurement: 11/19/2010 PDOP Reading: 3.8 GPS Instrument Operator's Name: D.P.

\*\* If directional footage  
at Top of Prod. Zone Distance: 813 feet Direction: FSL Distance: 732 feet Direction: FEL  
Sec: 29 Twp: 1S Rng: 97W  
at Bottom Hole Distance: 451 feet Direction: FSL Distance: 846 feet Direction: FEL  
Sec: 29 Twp: 1S Rng: 97W

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

12. Spud Date: (when the 1st bit hit the dirt) 08/05/2010 13. Date TD: 08/25/2010 14. Date Casing Set or D&A: 08/28/2010

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 12529 TVD 12080 17 Plug Back Total Depth MD 12440 TVD 11991

18. Elevations GR 6082 KB 6109 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:  
Mud, Reservoir Performance Monitor Gasview Saturation Analysis, Reservoir Performance Monitor, Radial Analysis Bond

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	75.00	120	450	0	120	CALC
SURF	14+3/4	10+3/4	45.50	3,564	1,095	1,030	3,564	CALC
1ST	6+1/8	4+1/2	15.10	12,529	3,130	3,764	12,529	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	1,030	540	0	1,030

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	
WASATCH G	5,455	5,795	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	5,795	7,310	<input type="checkbox"/>	<input type="checkbox"/>	
OHIO CREEK	7,310	7,580	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK - CAMEO	7,580	11,301	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	11,301	11,460	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	11,460	11,784	<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	11,784	12,529	<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: Jackie Davis

Title: Support Staff Tech Asst Date: \_\_\_\_\_ Email: jackie.p.davis@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
400113690	
400113693	
400113694	

Total Attach: 3 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)