

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:

400112645

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: (281) 654-1940
City: HOUSTON State: TX Zip: 77210-43

5. API Number 05-103-11632-00 6. County: RIO BLANCO
7. Well Name: FREEDOM UNIT Well Number: 197-28A7
8. Location: QtrQtr: NWSW Section: 28 Township: 1S Range: 97W Meridian: 6
Footage at surface: Distance: 2388 feet Direction: FSL Distance: 237 feet Direction: FWL
As Drilled Latitude: 39.934530 As Drilled Longitude: -108.295884

GPS Data:

Data of Measurement: 11/19/2010 PDOP Reading: 2.7 GPS Instrument Operator's Name: D.P.

** If directional footage

at Top of Prod. Zone Distance: 2081 feet Direction: FSL Distance: 1044 feet Direction: FWL
Sec: 28 Twp: 1S Rng: 97W
at Bottom Hole Distance: 1960 feet Direction: FSL Distance: 1176 feet Direction: FWL
Sec: 28 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) 05/27/2010 13. Date TD: 06/14/2010 14. Date Casing Set or D&A: 06/19/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 12330 TVD 12228 17 Plug Back Total Depth MD 12325 TVD 12223

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, Perform-Drig Mechanics, Segmented Bond Tool GR

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	470	0	120	CALC
SURF	14+3/4	10+3/4	45.50	3,518	1,055	1,096	3,520	CALC
1ST	8+3/4	7	26.00	8,440	735	3,018	8,443	CALC
2ND	6+1/8	4+1/2	15.10	12,329	870	1,000	12,330	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	1,096	545	0	1,096

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	5,156	5,501	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	5,501	6,964	<input type="checkbox"/>	<input type="checkbox"/>	
OHIO CREEK	6,964	7,233	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK - CAMEO	7,233	11,059	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	11,059	11,206	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	11,206	11,528	<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	11,528	12,330	<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
400113742	
400113743	
400113744	

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)