

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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Document Number:

400117605

COMPLETED INTERVAL REPORT

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: 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 05-103-11631-00 6. County: RIO BLANCO
7. Well Name: FREEDOM UNIT Well Number: 197-28A8
8. Location: QtrQtr: NWSW Section: 28 Township: 1S Range: 97W Meridian: 6
9. Field Name: PICEANCE CREEK Field Code: 68800

Completed Interval

FORMATION: <u>COZZETTE</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>09/27/2010</u>		Date of First Production this formation: <u>10/13/2010</u>	
Perforations	Top: <u>11169</u>	Bottom: <u>11416</u>	No. Holes: <u>60</u> Hole size: <u>0.34</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>Frac'd w/ 12,100# 100 mesh & 58,000# 40/70 mesh.</u>			
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:			
Date: <u>10/15/2010</u>	Hours: <u>24</u>	Bbls oil: <u> </u>	Mcf Gas: <u> </u> Bbls H2O: <u> </u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>257</u> Bbls H2O: <u>108</u> GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>2606</u>	Tubing PSI: <u> </u>	Choke Size: <u>21/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u> </u>	API Gravity Oil: <u> </u>
Tubing Size: <u> </u>	Tubing Setting Depth: <u> </u>	Tbg setting date: <u> </u>	Packer Depth: <u> </u>
Reason for Non-Production: <u> </u>			
Date formation Abandoned: <u> </u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u> </u>
Bridge Plug Depth: <u> </u>		Sacks cement on top: <u> </u>	

FORMATION: CORCORAN Status: PRODUCING

Treatment Date: 09/25/2010 Date of First Production this formation: 10/13/2010

Perforations Top: 11474 Bottom: 12016 No. Holes: 120 Hole size: 0.34

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

Frac'd w/ 41,400# 100 mesh & 206,300# 40/70 mesh. Frac plug @ 11,746.

This formation is commingled with another formation: ☒ Yes ☐ No

Test Information:

Date: 10/15/2010 Hours: 24 Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 655 Bbls H2O: 275 GOR: 0

Test Method: Flowing Casing PSI: 2606 Tubing PSI: _____ Choke Size: 21/64

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: _____

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 09/27/2010 Date of First Production this formation: 10/13/2010

Perforations Top: 8351 Bottom: 10832 No. Holes: 396 Hole size: 0.34

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

Frac'd w/ 145,800# 100 mesh & 704,400# 40/70 mesh. Frac plugs @ 10,650'; 9,842' & 9,340'. DO all plugs.

This formation is commingled with another formation: ☒ Yes ☐ No

Test Information:

Date: 10/15/2010 Hours: 24 Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 2986 Bbls H2O: 1254 GOR: 0

Test Method: Flowing Casing PSI: 2606 Tubing PSI: _____ Choke Size: 21/64

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: Jackie Davis

Title: Support Staff Tech Asst Date: _____ Email jackie.p.davis@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: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)