

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:

400125038

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 05-103-11632-00 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
 9. Field Name: PICEANCE CREEK Field Code: 68800

Completed Interval

FORMATION: COZZETTE Status: PRODUCING
 Treatment Date: 09/27/2010 Date of First Production this formation: 10/13/2010
 Perforations Top: 11309 Bottom: 11515 No. Holes: 48 Hole size: 0.34
 Provide a brief summary of the formation treatment: Open Hole:
Frac'd w/ 15,400# 100 mesh & 76,100# 40/70 mesh.
 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: 234 Bbls H2O: 91 GOR: 0
 Test Method: Flowing Casing PSI: 2856 Tubing PSI: _____ Choke Size: 20/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: _____ API Gravity Oil: _____
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 10245 Tbg setting date: 01/04/2011 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: 09/26/2010 Date of First Production this formation: 10/13/2010

Perforations Top: 11572 Bottom: 12051 No. Holes: 108 Hole size: 0.34

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

Frac'd w/ 37,700# 100 mesh & 188,500# 40/70 mesh. Frac plug @ 11,708'.

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: 583 Bbls H2O: 226 GOR: 0

Test Method: Flowing Casing PSI: 2856 Tubing PSI: _____ Choke Size: 20/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: _____ API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 10245 Tbg setting date: 01/04/2011 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: 8579 Bottom: 10888 No. Holes: 420 Hole size: 0.34

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

Frac'd w/ 148,700# 100 mesh & 785,700# 40/70 mesh. Frac Plugs @ 10,758'; 9,690' & 8,934'. 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: 2781 Bbls H2O: 1078 GOR: 0

Test Method: Flowing Casing PSI: 2856 Tubing PSI: _____ Choke Size: 20/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: _____ API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 10245 Tbg setting date: 01/04/2011 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: _____

This Form 5A is being resubmitted to show installation of tubing.

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: _____

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

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)