

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400125038

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 05-103-11632-00 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: <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>11309</u>	Bottom: <u>11515</u>	No. Holes: <u>48</u>	Hole size: <u>0.34</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<u>Frac'd w/ 15,400# 100 mesh & 76,100# 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>234</u>	Bbls H2O: <u>91</u> GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>2856</u>	Tubing PSI: <u> </u>	Choke Size: <u>20/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u> </u>	API Gravity Oil: <u> </u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>10245</u>	Tbg setting date: <u>01/04/2011</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: <u>CORCORAN</u>			Status: <u>PRODUCING</u>		
Treatment Date: <u>09/26/2010</u>		Date of First Production this formation: <u>10/13/2010</u>			
Perforations	Top: <u>11572</u>	Bottom: <u>12051</u>	No. Holes: <u>108</u>	Hole size: <u>0.34</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Frac'd w/ 37,700# 100 mesh & 188,500# 40/70 mesh. Frac plug @ 11,708'.					
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: _____	Mcf Gas: _____	Bbls H2O: _____	
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>583</u>	Bbls H2O: <u>226</u>	GOR: <u>0</u>
Test Method: <u>Flowing</u>		Casing PSI: <u>2856</u>	Tubing PSI: _____	Choke Size: <u>20/64</u>	
Gas Disposition: <u>SOLD</u>		Gas Type: <u>WET</u>	BTU Gas: _____	API Gravity Oil: _____	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>10245</u>	Tbg setting date: <u>01/04/2011</u>	Packer Depth: _____		
Reason for Non-Production: _____					
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____		
Bridge Plug Depth: _____		Sacks cement on top: _____			

FORMATION: <u>WILLIAMS FORK - CAMEO</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>8579</u>	Bottom: <u>10888</u>	No. Holes: <u>420</u>	Hole size: <u>0.34</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
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:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Test Information:					
Date: <u>10/15/2010</u>	Hours: <u>24</u>	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____	
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>2781</u>	Bbls H2O: <u>1078</u>	GOR: <u>0</u>
Test Method: <u>Flowing</u>		Casing PSI: <u>2856</u>	Tubing PSI: _____	Choke Size: <u>20/64</u>	
Gas Disposition: <u>SOLD</u>		Gas Type: <u>WET</u>	BTU Gas: _____	API Gravity Oil: _____	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>10245</u>	Tbg setting date: <u>01/04/2011</u>	Packer Depth: _____		
Reason for Non-Production: _____					
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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)