

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:

400136154

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: Beatrice Sabala
 2. Name of Operator: EXXON MOBIL CORPORATION Phone: (281) 654-2685
 3. Address: P O BOX 4358 Fax: (281) 654-1940
 City: HOUSTON State: TX Zip: 77210-43

5. API Number 05-103-11422-00 6. County: RIO BLANCO
 7. Well Name: FREEDOM UNIT Well Number: 197-33B9
 8. Location: QtrQtr: SWNE Section: 33 Township: 1S Range: 97W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: COZZETTE Status: PRODUCING
 Treatment Date: 12/08/2010 Date of First Production this formation: 12/20/2010
 Perforations Top: 11589 Bottom: 11671 No. Holes: 24 Hole size: 0.34
 Provide a brief summary of the formation treatment: _____ Open Hole:
 frac w/ 15469# 100 mesh & 74250# 40/70 sand proppant.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 12/21/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 42 Bbls H2O: 66 GOR: _____
 Test Method: flowing Casing PSI: 1369 Tubing PSI: _____ Choke Size: 13/64
 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: CORCORAN Status: PRODUCING

Treatment Date: 12/08/2010 Date of First Production this formation: 12/20/2010

Perforations Top: 11833 Bottom: 12116 No. Holes: 48 Hole size: 0.34

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

frac w/ 39375# 100 mesh & 189000# 40/70 sand proppant.

This formation is commingled with another formation: Yes No

Test Information:

Date: 12/21/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 62 Bbls H2O: 97 GOR: _____

Test Method: flowing Casing PSI: 1369 Tubing PSI: _____ Choke Size: 13/64

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: 12/16/2010 Date of First Production this formation: 12/20/2010

Perforations Top: 8686 Bottom: 11136 No. Holes: 468 Hole size: 0.34

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

frac w/ 285469# 100 mesh & 1370250# 40/70 sand proppant. frac plgs @ 9086, 9700, 10692, 10948, all drilled out.

This formation is commingled with another formation: Yes No

Test Information:

Date: 12/21/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 463 Bbls H2O: 730 GOR: _____

Test Method: flowing Casing PSI: 1369 Tubing PSI: _____ Choke Size: 13/64

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: _____

Upon receipt, BTU will be forwarded.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Beatrice Sabala

Title: Technical Assistant Date: _____ Email: beatrice.sabala@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
400136164	

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)