

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:

400144756

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: 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 05-103-11424-00 6. County: RIO BLANCO
7. Well Name: FREEDOM UNIT Well Number: 197-33B6
8. Location: QtrQtr: SWNE Section: 33 Township: 1S Range: 97W Meridian: 6
Footage at surface: Distance: 2368 feet Direction: FNL Distance: 1397 feet Direction: FEL
As Drilled Latitude: 39.921440 As Drilled Longitude: -108.282517

GPS Data:

Data of Measurement: 09/07/2010 PDOP Reading: 1.3 GPS Instrument Operator's Name: D Petty

** If directional footage at Top of Prod. Zone Dist.: 1175 feet. Direction: FNL Dist.: 2122 feet. Direction: FEL
Sec: 33 Twp: 1S Rng: 97W

** If directional footage at Bottom Hole Dist.: 1313 feet. Direction: FNL Dist.: 2142 feet. Direction: FEL
Sec: 33 Twp: 1S Rng: 97W

9. Field Name: PICEANCE CREEK 10. Field Number: 68800
11. Federal, Indian or State Lease Number: COC60722

12. Spud Date: (when the 1st bit hit the dirt) 03/31/2010 13. Date TD: 07/16/2010 14. Date Casing Set or D&A: 07/19/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 12775 TVD** 12542 17 Plug Back Total Depth MD 12670 TVD** 12441

18. Elevations GR 6446 KB 6476

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:

Logs sent with previous Form 5

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	26	16	75.00	0	120	96	0	120	CALC
SURF	14+3/4	10+3/4	45.50	1334	4,055	1,175	1,334	4,055	CALC
1ST	8+3/4	4+1/2	15.10	0	12,760	2,192	5,950	12,775	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	1,334	769	0	1,334

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	5,560	5,875	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	5,875	7,308	<input type="checkbox"/>	<input type="checkbox"/>	
OHIO CREEK	7,308	7,592	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK - CAMEO	7,592	11,391	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	11,391	11,581	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	11,581	11,881	<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	11,881	12,775	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Revised:
Plug Back Depth TVD
Casing
Formation Log

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

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)