

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:

400145340

**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: 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  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: COZZETTE Status: PRODUCING

Treatment Date: 12/09/2011 Date of First Production this formation: 12/19/2010  
Perforations Top: 11655 Bottom: 11862 No. Holes: 48 Hole size: 0.34

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

fraced w/ 33750# 100 mesh & 162000# 40/70 sand proppant.

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

**Test Information:**

Date: 12/20/2010 Hours: 24 Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_  
Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 56 Bbls H2O: 53 GOR: 0  
Test Method: flowing Casing PSI: 2200 Tubing PSI: \_\_\_\_\_ Choke Size: 15/64  
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: <u>CORCORAN</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>12/07/2010</u>		Date of First Production this formation: <u>12/19/2010</u>			
Perforations	Top: <u>11885</u>	Bottom: <u>12431</u>	No. Holes: <u>120</u>	Hole size: <u>0.34</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
fraced w/ 90000# 100 mesh & 432000# 40/70 sand proppant. frac plug @ 11875, drilled out.					
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Test Information:</b>					
Date: <u>12/20/2010</u>	Hours: <u>24</u>	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____	
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>168</u>	Bbls H2O: <u>158</u>	GOR: <u>0</u>
Test Method: <u>flowing</u>	Casing PSI: <u>2200</u>	Tubing PSI: _____	Choke Size: <u>15/64</u>		
Gas Disposition: _____	Gas Type: _____	BTU Gas: _____	API Gravity Oil: _____		
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	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>12/10/2010</u>		Date of First Production this formation: <u>12/19/2010</u>			
Perforations	Top: <u>9414</u>	Bottom: <u>11316</u>	No. Holes: <u>384</u>	Hole size: <u>0.34</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
fraced w/ 293906# 100 mesh & 1410750# 40/70 sand proppant. frac plgs @ 9820, 10440, 10619, 11013, all drilled out.					
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Test Information:</b>					
Date: <u>12/20/2010</u>	Hours: <u>24</u>	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____	
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>714</u>	Bbls H2O: <u>671</u>	GOR: <u>0</u>
Test Method: <u>flowing</u>	Casing PSI: <u>2200</u>	Tubing PSI: _____	Choke Size: <u>15/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: _____	API Gravity Oil: _____		
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	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:
_____

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

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### **Attachment Check List**

Att Doc Num	Name
400145340	FORM 5A SUBMITTED
400145414	

Total Attach: 2 Files

### **General Comments**

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

Total: 0 comment(s)