FORM 5 Rev 02/08	**State of Colorado** **Oil and Gas Conservation Commission** 1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109	STATE OF COLORADO OIL & GAS	DE	ET	OE	ES

DRILLING COMPLETION REPORT

Document Number: 2609282

Date Received: 10/22/2009

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
2. Name of Operator: EXXON MOBIL CORPORATION
3. Address: P O BOX 4358
   City: HOUSTON State: TX Zip: 77210-

4. Contact Name: BEATRICE SABALA
   Phone: (713) 431-1125
   Fax: (713) 431-1619

5. API Number 05-103-11191-00
6. County: RIO BLANCO
7. Well Name: FREEDOM UNIT Well Number: 297-8B10
8. Location: QtrQtr: SENW Section: 8 Township: 2S Range: 97W Meridian: 6
   Footage at surface: Distance: 2440 feet Direction: FNL Distance: 1438 feet Direction: FWL
   As Drilled Latitude: _____ As Drilled Longitude: _____

GPS Data:
   Data of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____

   ** If directional footage at Top of Prod. Zone Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____
   Sec: _____ Twp: _____ Rng: _____
   ** If directional footage at Bottom Hole Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____
   Sec: _____ Twp: _____ Rng: _____

9. Field Name: PICEANCE CREEK
10. Field Number: 68800
11. Federal, Indian or State Lease Number: COC-57286

12. Spud Date: (when the 1st bit hit the dirt) 09/27/2009 13. Date TD: 09/29/2009 14. Date Casing Set or D&A: 10/01/2009

15. Well Classification:
☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 4508 TVD** 4401 17 Plug Back Total Depth MD _____ TVD** _____

18. Elevations GR 6504 KB 6517 | 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:

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		0	120	96	0	120	CALC
SURF	14+3/4	10+3/4		0	4,493	1,275	1,469	4,508	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
DV TOOL	SURF	1,469	845	0	1,469

Details of work:

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	
			☐	☐	

Comment:

FRU 297-8B1-10 WELLS ARE BEING BATCHED DRILLED. SMALL RIG DRILLS SURFACE HOLES, WHEN COMPLETE, LARGER RIG MOVES ONTO PAD TO DRILL INTERMEDIATE AND PRODUCTION HOLES. LOGS & SURVEYS RUN WHEN ALL WELLS DRILLED. UPON RECEIPT LOGS, LOG COPIES AND FINAL FORM 5 WILL BE FILED WITHIN 30 DAYS TO MEET COGCC DEADLINES.

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

Signed: Y

Print Name: BEATRICE SABALA

Title: TECHNICAL ASSISTANT   Date: 10/20/2009   Email: BEATRICE.SABALA@EXXONMOBIL.COM

Attachment Check List

Att Doc Num	Document Name	attached ?
	Attachment Checklist	
	CMT Summary *	Yes ☐ No ☒
	Core Analysis	Yes ☐ No ☒
	Directional Survey **	Yes ☐ No ☒
	DST Analysis	Yes ☐ No ☒
	Logs	Yes ☐ No ☒
	Other	Yes ☐ No ☒

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)