

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 1716434 Date Received: 11/18/2009

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 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 Email:

5. API Number 05-103-11295-01 6. County: RIO BLANCO 7. Well Name: FREEDOM UNIT Well Number: 297-33A5 8. Location: QtrQtr: SENE Section: 33 Township: 2S Range: 97W Meridian: 6 9. Field Name: PICEANCE CREEK Field Code: 68800

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type:

Treatment Date: 09/24/2009 End Date: Date of First Production this formation: 10/06/2009

Perforations Top: 10640 Bottom: 11219 No. Holes: 108 Hole size: 34/100

Provide a brief summary of the formation treatment: Open Hole: [ ]

FRAC'D W/60,300# 100 MESH 299,200# 40/70 PROPPANT.

This formation is commingled with another formation: [X] Yes [ ] No

Total fluid used in treatment (bbl): Max pressure during treatment (psi): Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): Type of gas used in treatment: Min frac gradient (psi/ft): Total acid used in treatment (bbl): Number of staged intervals: Recycled water used in treatment (bbl): Flowback volume recovered (bbl): Fresh water used in treatment (bbl): Disposition method for flowback: Total proppant used (lbs): Rule 805 green completion techniques were utilized: [ ] Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 10/07/2009 Hours: 24 Bbl oil: 0 Mcf Gas: 2352 Bbl H2O: 1321 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 2352 Bbl H2O: 1321 GOR: 0 Test Method: FLOWING Casing PSI: 2371 Tubing PSI: Choke Size: 18/64 Gas Disposition: SOLD Gas Type: WET Btu Gas: 974 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: \*\* Wireline and Cement Job Summary must be attached.

Comment:

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 ASST.

Date: 11/17/2009

Email BEATRICE.SABALA@EXXONMOBIL.COM

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### Attachment Check List

**Att Doc Num**      **Name**

1716434	COMPLETED INTERVAL REPORT
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Total Attach: 1 Files

### General Comments

**User Group**      **Comment**

**Comment Date**

Permit	This form was "unapproved" so the wellbore designation could be corrected to -01.	1/18/2016 10:04:23 AM
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Total: 1 comment(s)