

**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



DE	ET	OE	ES
----	----	----	----

Document Number:

2030291

Date Received:

03/14/2008

DRILLING COMPLETION REPORT

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: KIM TAYLOR

2. Name of Operator: EXXON MOBIL CORPORATION

Phone: (713) 431-1125

3. Address: P O BOX 4358

Fax: (713) 431-1619

City: HOUSTON State: TX Zip: 77210-

5. API Number 05-103-10926-00

6. County: RIO BLANCO

7. Well Name: FREEDOM UNIT

Well Number: 197-31A4

8. Location: QtrQtr: NWNE Section: 31 Township: 1S Range: 97W Meridian: 6

Footage at surface: Distance: 1226 feet Direction: FNL Distance: 1967 feet Direction: FEL

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.: 2152 feet. Direction: FNL Dist.: 805 feet. Direction: FEL

Sec: 31 Twp: 1S Rng: 97W

** If directional footage at Bottom Hole Dist.: 2212 feet. Direction: FNL Dist.: 681 feet. Direction: FEL

Sec: 31 Twp: 1S Rng: 97W

9. Field Name: PICEANCE CREEK

10. Field Number: 68800

11. Federal, Indian or State Lease Number: 57961

12. Spud Date: (when the 1st bit hit the dirt) 11/24/2007 13. Date TD: 01/07/2008 14. Date Casing Set or D&A: 01/12/2008

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 12760 TVD** 12504 17 Plug Back Total Depth MD 12665 TVD** 12409

18. Elevations GR 6524 KB 6556

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:

MUD LOGS, RESISTIVITY, CASING COLLAR LOG, DENSITY NEUTRON, CEMENT EVALUATION

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	24	16		0	160	239	0	160	CALC
SURF	9+7/8	7		0	8,716	670	6,227	8,716	CBL
1ST	14+3/4	10+3/4		0	4,217	914	1,638	4,217	CALC
2ND	6+1/8	4+1/2		0	12,745	920	6,760	12,745	CBL

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	1,638	1,036	0	1,638
DV TOOL	2ND	6,227	670	5,450	6,227

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	
WASATCH G	5,846	7,624	<input type="checkbox"/>	<input type="checkbox"/>	
OHIO CREEK	7,624	7,871	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK - CAMEO	7,871	11,529	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	11,529	11,674	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	11,674	12,001	<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	12,001	12,760	<input type="checkbox"/>	<input type="checkbox"/>	

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: KIM TRAYLOR

Title: REGULATORY ASST Date: 3/13/2008 Email: KIMBERLEE.TRAYLOR@EXXONMOBIL.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
1358881	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input 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"/>
<u>Other Attachments</u>					
2030291	DRILLING COMPLETION REPORT	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

--	--	--

Total: 0 comment(s)