

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



DE ET OE ES

Document Number:

400086989

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: 100264
2. Name of Operator: XTO ENERGY INC
3. Address: 382 CR 3100
City: AZTEC State: NM Zip: 87410
4. Contact Name: Wanett McCauley
Phone: (505) 333-3630
Fax: (505) 333-3284

5. API Number 05-071-07146-00
6. County: LAS ANIMAS
7. Well Name: HILL RANCH
Well Number: 10-02V
8. Location: QtrQtr: NWNE Section: 10 Township: 35S Range: 67W Meridian: 6

Completed Interval

FORMATION: RATON-VERMEJO COALS Status: PRODUCING

Treatment Date: _____ Date of First Production this formation: 08/27/2010

Perforations Top: 429 Bottom: 2280 No. Holes: 250 Hole size: 0.45

Provide a brief summary of the formation treatment: _____ Open Hole:

This formation is commingled with another formation: Yes No

Test Information:

Date: 08/31/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 85 Bbls H2O: 10

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 85 Bbls H2O: 10 GOR: 0

Test Method: Pumping Casing PSI: 2 Tubing PSI: 2 Choke Size: _____

Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: _____ API Gravity Oil: _____

Tubing Size: 2 + 7/8 Tubing Setting Depth: 2324 Tbg setting date: 08/24/2010 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: RATON COAL Status: COMMINGLED

Treatment Date: 08/03/2010 Date of First Production this formation: 08/27/2010

Perforations Top: 429 Bottom: 1887 No. Holes: 122 Hole size: 0.45

Provide a brief summary of the formation treatment: _____ Open Hole:

Acidized w/5,000 gals 15% HCl acid. Frac'd w/231,394 gals 20# Delta 140 carrying 38,280# 16/30 Brady sd & 421,300# 12/20 Brady sd (222,300# 12/20 Brady sd coated w/Expedite 155).

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

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: Yes 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: Wanett McCauley

Title: Reg Compliance Technician Date: _____ Email wanett_mccauley@xtoenergy.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____