

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:

400086641

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

5. API Number 05-071-07417-00 6. County: LAS ANIMAS  
7. Well Name: APACHE CANYON Well Number: 11-07V  
8. Location: QtrQtr: SWNE Section: 11 Township: 34S Range: 68W Meridian: 6

Completed Interval

FORMATION: <u>RATON-VERMEJO COALS</u>		Status: <u>PRODUCING</u>	
Treatment Date: _____		Date of First Production this formation: <u>08/17/2010</u>	
Perforations	Top: <u>817</u> Bottom: <u>2307</u>	No. Holes: <u>284</u>	Hole size: <u>0.45</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>Test Information:</b>			
Date: <u>08/19/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>44</u> Bbls H2O: <u>6</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>44</u> Bbls H2O: <u>6</u> GOR: <u>0</u>
Test Method: <u>Pumping</u>	Casing PSI: <u>0</u>	Tubing PSI: <u>54</u>	Choke Size: _____
Gas Disposition: <u>SOLD</u>	Gas Type: <u>COAL GAS</u>	BTU Gas: <u>1003</u>	API Gravity Oil: _____
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>2373</u>	Tbg setting date: <u>08/02/2010</u>	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>RATON COAL</u>		Status: <u>COMMINGLED</u>	
Treatment Date: <u>07/28/2010</u>		Date of First Production this formation: <u>08/17/2010</u>	
Perforations	Top: <u>817</u>	Bottom: <u>1103</u>	No. Holes: <u>88</u> Hole size: <u>0.45</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<div style="border: 1px solid black; padding: 2px;">           Acidized w/3,000 gals 15% HCl acid. Frac'd w/176,603 gals 20# Delta 140 carrying 26,400# 16/30 Brady sd &amp; 371,900# 12/20 Brady sd (391,800# sd coated w/Sandwedge OS).         </div>			
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>			
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: _____			
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
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>VERMEJO COAL</u>		Status: <u>COMMINGLED</u>	
Treatment Date: <u>07/28/2010</u>		Date of First Production this formation: <u>03/23/2002</u>	
Perforations	Top: <u>2018</u>	Bottom: <u>2307</u>	No. Holes: <u>196</u> Hole size: <u>0.4</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<div style="border: 1px solid black; padding: 2px;">           Acidized w/ 1,000 gals 15% HCl acid.         </div>			
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>			
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: _____			
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
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: _____
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

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

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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: \_\_\_\_\_