

**FORM
5A**Rev
02/08State 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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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.

Document Number:

400081031

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 05-071-07407-00 6. County: LAS ANIMAS
7. Well Name: APACHE CANYON Well Number: 12-02V
8. Location: QtrQtr: NWNE Section: 12 Township: 34S Range: 68W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>RATON-VERMEJO COALS</u>		Status: <u>PRODUCING</u>	
Treatment Date: _____		Date of First Production this formation: <u>08/10/2010</u>	
Perforations	Top: <u>598</u>	Bottom: <u>2052</u>	No. Holes: <u>254</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			
Test Information:			
Date: <u>08/11/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>0</u> Bbls H2O: <u>15</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>0</u> Bbls H2O: <u>15</u> GOR: <u>0</u>
Test Method: <u>Pumping</u>	Casing PSI: <u>4</u>	Tubing PSI: <u>5</u>	Choke Size: _____
Gas Disposition: <u>SOLD</u>	Gas Type: <u>COAL GAS</u>	BTU Gas: <u>1008</u>	API Gravity Oil: _____
Tubing Size: <u>2 + 7/8</u>	Tubing Setting Depth: <u>2087</u>	Tbg setting date: <u>07/27/2010</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: RATON COAL Status: COMMINGLED

Treatment Date: 07/17/2010 Date of First Production this formation: 08/10/2010

Perforations Top: 598 Bottom: 971 No. Holes: 74 Hole size: 0.45

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

Acidized w/3,000 gals 15% HCl acid. Frac'd w/185,526 gals 20# Delta 140 w/Sandwedge OS carrying 27,356# 16/30 Brady sd & 365,539# 12/20 Brady sd.

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: 8/18/2010 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: David G. Neslin Director of COGCC Date: 10/29/2010

Attachment Check List

Att Doc Num	Name	Doc Description
400081031	FORM 5A SUBMITTED	LF@2525476 400081031

Total Attach: 1 Files