

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

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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.

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 05-067-09816-00 6. County: LA PLATA
 7. Well Name: HEIN Well Number: 1-2
 8. Location: QtrQtr: NWSW Section: 1 Township: 32N Range: 7W Meridian: N
 9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING
 Treatment Date: 09/23/2010 Date of First Production this formation: 10/15/2010
 Perforations Top: 2795 Bottom: 2931 No. Holes: 79 Hole size: 0.41
 Provide a brief summary of the formation treatment: Open Hole:
Acidized w/2,000 gals 15% HCl acid. Frac'd w/137,054 gals XL fluid carrying 220,200# 16/30 sd.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 10/16/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 12 Bbls H2O: 71
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 12 Bbls H2O: 71 GOR: 0
 Test Method: Pumping Casing PSI: 82 Tubing PSI: 57 Choke Size: _____
 Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 991 API Gravity Oil: _____
 Tubing Size: 2 + 7/8 Tubing Setting Depth: 3132 Tbg setting date: 10/01/2010 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: _____

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: _____