

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:

400107588

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: BARBARA NICOL
2. Name of Operator: XTO ENERGY INC Phone: (505) 333-3642
3. Address: 382 CR 3100 Fax: (505) 333-3284
City: AZTEC State: NM Zip: 87410

5. API Number 05-067-09833-00 6. County: LA PLATA
7. Well Name: TIFFANY 32-7 12 Well Number: 6
8. Location: QtrQtr: SESE Section: 12 Township: 32N Range: 7W Meridian: N
9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: _____		Status: _____	
Treatment Date: _____		Date of First Production this formation: _____	
Perforations	Top: _____ Bottom: _____	No. Holes: _____	Hole size: _____
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: _____	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: <input type="checkbox"/> Yes <input type="checkbox"/> 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: BARBARA NICOL

Title: Reg. Compliance Technicia Date: _____ Email barbara_nicol@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: _____

Attachment Check List

Att Doc Num	Name
400115230	30 DAY NOTICE LETTER
400115231	SURFACE AGRMT/SURETY
400115233	OIL & GAS LEASE

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)