

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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COMPLETED INTERVAL REPORT

Document Number:

400131247

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 05-103-10655-00 6. County: RIO BLANCO
 7. Well Name: FEDERAL Well Number: 2S-95-15-22
 8. Location: QtrQtr: SENW Section: 15 Township: 2S Range: 95W Meridian: 6
 9. Field Name: PICEANCE CREEK Field Code: 68800

Completed Interval

FORMATION: COZZETTE Status: PRODUCING
 Treatment Date: 01/12/2007 Date of First Production this formation: 01/15/2007
 Perforations Top: 15273 Bottom: 15645 No. Holes: 49 Hole size: 32/100
 Provide a brief summary of the formation treatment: _____ Open Hole:
 Acidized w/3,260 gals 15% HCl acid. Frac'd w/508,648 gals 20# gel frac fld carrying 132,968# 40/70 EconoProp sd & 98,163# 30/50 EconoProp 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: _____

FORMATION: CORCORAN Status: PRODUCING

Treatment Date: 01/12/2007 Date of First Production this formation: 01/15/2007

Perforations Top: 15682 Bottom: 16024 No. Holes: 32 Hole size: 32/100

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

Acidized w/1,721 gals 15% HCl acid. Frac'd w/288,393 gals 20# gel frac fld carrying 69,923# 40/70 EconoProp sd & 49,583# 30/50 EconoProp 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: _____

FORMATION: COZZETTE-CORORAN-WMFK Status: COMMINGLED

Treatment Date: 10/14/2007 Date of First Production this formation: 10/10/2007

Perforations Top: 12142 Bottom: 16024 No. Holes: 371 Hole size: 32/100

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

This formation is commingled with another formation: Yes No

Test Information:

Date: 10/14/2007 Hours: 24 Bbls oil: 0 Mcf Gas: 1982 Bbls H2O: 278

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 1982 Bbls H2O: 278 GOR: 0

Test Method: FLOWING Casing PSI: 2180 Tubing PSI: 1425 Choke Size: _____

Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 965 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 12027 Tbg setting date: 10/10/2007 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: WILLIAMS FORK Status: PRODUCING

Treatment Date: 07/13/2007 Date of First Production this formation: 07/16/2007

Perforations Top: 12142 Bottom: 14879 No. Holes: 290 Hole size: 32/100

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

Acidized w/12,000 gals 15% HCl acid. Frac'd w/3,481,681 gals 20# linear gel carrying 884,556# 30/50 EconoProp sd & 732,712# 40/70 Prime Plus 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:

This is a revised Form 5A to correctly reflect the producing formations.

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: 2/16/2011 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 S. Neslin Director of COGCC Date: 2/17/2011

Attachment Check List

Att Doc Num	Name
400131247	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)