

**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



DE ET OE ES

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:

400084013

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 05-071-07288-00 6. County: LAS ANIMAS
7. Well Name: HILL RANCH Well Number: 15-04V
8. Location: QtrQtr: NWNW Section: 15 Township: 35S Range: 67W Meridian: 6
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

| | | | | |
|---|-----------------------------------|--|---------------------------|-----------------------------------|
| FORMATION: <u>RATON-VERMEJO COALS</u> | | Status: <u>PRODUCING</u> | | |
| Treatment Date: <u>08/07/2010</u> | | Date of First Production this formation: <u>08/26/2010</u> | | |
| Perforations | Top: <u>426</u> | Bottom: <u>2296</u> | No. Holes: <u>206</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>08/29/2010</u> | Hours: <u>24</u> | Bbls oil: <u>0</u> | Mcf Gas: <u>185</u> | Bbls H2O: <u>47</u> |
| Calculated 24 hour rate: | | Bbls oil: <u>0</u> | Mcf Gas: <u>185</u> | Bbls H2O: <u>47</u> GOR: <u>0</u> |
| Test Method: <u>Pumping</u> | Casing PSI: <u>15</u> | Tubing PSI: <u>3</u> | Choke Size: <u></u> | |
| Gas Disposition: <u>SOLD</u> | Gas Type: <u>COAL GAS</u> | BTU Gas: <u>1001</u> | API Gravity Oil: <u>0</u> | |
| Tubing Size: <u>2 + 3/8</u> | Tubing Setting Depth: <u>2339</u> | Tbg setting date: <u>08/11/2010</u> | Packer Depth: <u></u> | |
| Reason for Non-Production: <u></u> | | | | |
| Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u> | | | | |
| Bridge Plug Depth: <u></u> Sacks cement on top: <u></u> | | | | |

| | | | |
|--|-------------------------------------|---|---|
| FORMATION: <u>RATON COAL</u> | | Status: <u>COMMINGLED</u> | |
| Treatment Date: <u>08/07/2010</u> | | Date of First Production this formation: <u>08/26/2010</u> | |
| Perforations | Top: <u>426</u> Bottom: <u>1394</u> | No. Holes: <u>80</u> | Hole size: <u>0.45</u> |
| Provide a brief summary of the formation treatment: | | Open Hole: <input type="checkbox"/> | |
| Acidized w/4,000 gals 15% HCl acid. Frac'd w/161,823 gals 20# Delta 140 carrying 26,240# 16/30 Brady sd & 311,980# 12/20 Brady sd (150,000# 12/20 Brady sd coated w/Expedite 155). | | | |
| This formation is commingled with another formation: | | <input checked="" type="checkbox"/> Yes <input 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: _____ | |

| | | | |
|--|--------------------------------------|---|---|
| FORMATION: <u>VERMEJO COAL</u> | | Status: <u>COMMINGLED</u> | |
| Treatment Date: <u>08/05/2010</u> | | Date of First Production this formation: <u>08/03/2001</u> | |
| Perforations | Top: <u>2066</u> Bottom: <u>2296</u> | No. Holes: <u>126</u> | Hole size: <u>0.4</u> |
| Provide a brief summary of the formation treatment: | | Open Hole: <input type="checkbox"/> | |
| Acidized w/1,500 gals 15% HCl acid. Refrac'd w/93,616 gals 20# Delta 140 carrying 14,500# 16/30 Brady sd & 109,400# 12/20 Brady sd (24,660# 12/20 Brady sd coated w/Expedite 155). | | | |
| This formation is commingled with another formation: | | <input checked="" type="checkbox"/> Yes <input 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: Wanett McCauley

Title: Reg Compliance Technician

Date: 9/2/2010

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 S. Neslin

Director of COGCC

Date: 2/18/2011

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400084013 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

| | | |
|--|--|--|
| | | |
|--|--|--|

Total: 0 comment(s)