

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:

400084574

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 05-071-07587-00 6. County: LAS ANIMAS
7. Well Name: HILL RANCH Well Number: 34-10V
8. Location: QtrQtr: NWSE Section: 34 Township: 34S 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>08/11/2010</u>		Date of First Production this formation: <u>08/22/2010</u>	
Perforations	Top: <u>694</u>	Bottom: <u>2312</u>	No. Holes: <u>236</u> Hole size: <u>0.51</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>08/24/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>223</u> Bbls H2O: <u>76</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>223</u> Bbls H2O: <u>76</u> GOR: <u>0</u>
Test Method: <u>Pumping</u>	Casing PSI: <u>8</u>	Tubing PSI: <u>2</u>	Choke Size: <u></u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>COAL GAS</u>	BTU Gas: <u>1006</u>	API Gravity Oil: <u>0</u>
Tubing Size: <u>2 + 7/8</u>	Tubing Setting Depth: <u>2370</u>	Tbg setting date: <u>08/19/2010</u>	Packer Depth: <u></u>
Reason for Non-Production: <div></div>			
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: RATON COAL Status: COMMINGLED

Treatment Date: 08/11/2010 Date of First Production this formation: 08/22/2010

Perforations Top: 694 Bottom: 1410 No. Holes: 112 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/113,084 gals Delta 140 w/Sandwedge OS carrying 22,450# 16/30 Brady sd & 274,280# 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: 9/7/2010 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: 2/18/2011

Attachment Check List

Att Doc Num	Name
400084574	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)