

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
----	----	----	----

Document Number:

2555566

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: _____
3. Address: 382 CR 3100 Fax: _____
City: AZTEC State: NM Zip: 87410

5. API Number 05-067-08723-00 6. County: LA PLATA
7. Well Name: UTE A Well Number: 1R GOV'T
8. Location: QtrQtr: SESE Section: 35 Township: 33N Range: 7W Meridian: N
9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: <u>MESAVERDE</u>	Status: <u>TEMPORARILY ABANDONED</u>
Treatment Date: <u>09/22/2010</u>	Date of First Production this formation: <u>11/07/2002</u>
Perforations Top: <u>4841</u> Bottom: <u>5174</u>	No. Holes: <u>78</u> Hole size: <u>29/100</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: _____ 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:	
<u>UNECONOMIC</u>	
Date formation Abandoned: <u>06/04/2010</u>	Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, number of sacks cmt _____
Bridge Plug Depth: <u>4810</u>	Sacks cement on top: <u>0</u>

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 COMP TECH Date: 6/10/2010 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 *David S. Neslin*

COGCC Approved: _____ Director of COGCC Date: 2/18/2011

Attachment Check List

Att Doc Num	Name
2555566	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	PROD IS REPORTED AS MESAVERDE	2/18/2011 11:15:09 AM

Total: 1 comment(s)