

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

COMPLETED INTERVAL REPORT

Document Number:

400113661

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

5. API Number 05-067-09839-00
6. County: LA PLATA
7. Well Name: HENRY Well Number: 2-3
8. Location: QtrQtr: NENE Section: 2 Township: 32N Range: 7W Meridian: N
9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING
Treatment Date: 11/23/2010 Date of First Production this formation: 12/15/2010
Perforations Top: 2447 Bottom: 2584 No. Holes: 76 Hole size: 0.54
Provide a brief summary of the formation treatment: Open Hole:
Acidized w/2,768 gals. 15% HCl acid. Frac'd w/141,746 gals. XL fluid carrying 218,900# 16/30 sand.
This formation is commingled with another formation: Yes No
Test Information:
Date: 12/19/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 30 Bbls H2O: 95
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 30 Bbls H2O: 95 GOR: 0
Test Method: PUMPING Casing PSI: 84 Tubing PSI: 158 Choke Size: _____
Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 993 API Gravity Oil: 0
Tubing Size: 2 + 7/8 Tubing Setting Depth: 2773 Tbg setting date: 12/04/2010 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: Barbara Nicol
Title: Reg. Compliance Tech Date: 12/21/2010 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: David S. Neslin Director of COGCC Date: 2/23/2011

Attachment Check List

Att Doc Num	Name
400113661	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)