

FORM
5
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:
400105833

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type Final completion Preliminary completion

1. OGCC Operator Number: 100264 4. Contact Name: BARBARA NICOL
2. Name of Operator: XTO ENERGY INC Phone: (505) 333-3642
3. Address: 382 CR 3100 Fax: (505) 333-3284
City: AZTEC State: NM Zip: 87410

5. API Number 05-067-09838-00 6. County: LA PLATA
7. Well Name: TIFFANY 2 Well Number: #3
8. Location: QtrQtr: SESE Section: 2 Township: 32N Range: 7W Meridian: N
Footage at surface: Distance: 1110 feet Direction: FSL Distance: 1295 feet Direction: FEL
As Drilled Latitude: 37.042010 As Drilled Longitude: -107.573250

GPS Data:

Data of Measurement: 11/10/2010 PDOP Reading: 1.5 GPS Instrument Operator's Name: A. JOHNSON

** If directional footage at Top of Prod. Zone Dist.: 1913 feet. Direction: FSL Dist.: 728 feet. Direction: FEL
Sec: 2 Twp: 32N Rng: 7W

** If directional footage at Bottom Hole Dist.: 1975 feet. Direction: FSL Dist.: 677 feet. Direction: FEL
Sec: 2 Twp: 32N Rng: 7W

9. Field Name: IGNACIO BLANCO 10. Field Number: 38300
11. Federal, Indian or State Lease Number: N/A

12. Spud Date: (when the 1st bit hit the dirt) 10/30/2010 13. Date TD: 11/03/2010 14. Date Casing Set or D&A: 11/03/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 3232 TVD** 2959 17 Plug Back Total Depth MD 3181 TVD** 2908

18. Elevations GR 6282 KB 6294

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

RST/GR/CCL; CBL/GR/CCL

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8	24	0	325	215	0	325	VISU
1ST	7+7/8	5+1/2	17	0	3,232	400	0	3,232	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
OJO ALAMO	1,354		<input type="checkbox"/>	<input type="checkbox"/>	
KIRTLAND	1,452		<input type="checkbox"/>	<input type="checkbox"/>	
FRUITLAND	2,531		<input type="checkbox"/>	<input type="checkbox"/>	
FRUITLAND COAL	2,734		<input type="checkbox"/>	<input type="checkbox"/>	
PICTURED CLIFFS	2,923		<input type="checkbox"/>	<input type="checkbox"/>	

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 Technicia Date: 12/2/2010 Email: barbara_nicol@xtoenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400113328	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400107259	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
400105833	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400107250	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400107571	LAS-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	req digital logs	2/22/2011 2:45:47 PM

Total: 1 comment(s)