

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



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Document Number:

400107303

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 05-067-09839-00 6. County: LA PLATA
 7. Well Name: HENRY Well Number: 2-3
 8. Location: QtrQtr: NENE Section: 2 Township: 32N Range: 7W Meridian: N
 Footage at surface: Distance: 919 feet Direction: FNL Distance: 912 feet Direction: FEL
 As Drilled Latitude: 37.050810 As Drilled Longitude: -107.572130

GPS Data:

Data of Measurement: 11/30/2010 PDOP Reading: 6.0 GPS Instrument Operator's Name: Russell Surveying, Inc.

** If directional footage at Top of Prod. Zone Dist.: 690 feet. Direction: FNL Dist.: 686 feet. Direction: FEL
Sec: 2 Twp: 32N Rng: 7W

** If directional footage at Bottom Hole Dist.: 657 feet. Direction: FNL Dist.: 661 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) 11/06/2010 13. Date TD: 11/10/2010 14. Date Casing Set or D&A: 11/10/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 2906 TVD** 2869 17 Plug Back Total Depth MD 2852 TVD** 2815

18. Elevations GR 6322 KB 6334

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:

Triple Combo 11/10/2010
CBL 11/23/1010

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	318	215	0	318	VISU
1ST	7+7/8	5+1/2	17	0	2,902	338	0	2,902	CALC

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	1,294		<input type="checkbox"/>	<input type="checkbox"/>	
KIRTLAND	1,363		<input type="checkbox"/>	<input type="checkbox"/>	
FRUITLAND	2,214		<input type="checkbox"/>	<input type="checkbox"/>	
FRUITLAND COAL	2,445		<input type="checkbox"/>	<input type="checkbox"/>	
PICTURED CLIFFS	2,615		<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 A. NICOL

Title: Reg. Compliance Tech Date: 12/10/2010 Email: barbara_nicol@xtoenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400114926	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400112384	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			
400107303	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400113480	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400113481	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400113483	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)