

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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COMPLETED INTERVAL REPORT

Document Number:
400168956

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: <u>100264</u>	4. Contact Name: <u>Wanett McCauley</u>
2. Name of Operator: <u>XTO ENERGY INC</u>	Phone: <u>(505) 333-3630</u>
3. Address: <u>382 CR 3100</u>	Fax: <u>(505) 333-3284</u>
City: <u>AZTEC</u> State: <u>NM</u> Zip: <u>87410</u>	

5. API Number <u>05-071-07571-00</u>	6. County: <u>LAS ANIMAS</u>
7. Well Name: <u>HILL RANCH</u>	Well Number: <u>15-03V</u>
8. Location: QtrQtr: <u>NENW</u> Section: <u>15</u> Township: <u>35S</u> Range: <u>67W</u> Meridian: <u>6</u>	
9. Field Name: <u>PURGATOIRE RIVER</u> Field Code: <u>70830</u>	

Completed Interval

FORMATION: RATON-VERMEJO COALS Status: PRODUCING

Treatment Date: _____ Date of First Production this formation: 07/06/2011

Perforations Top: 722 Bottom: 2346 No. Holes: 187 Hole size: 42/100

Provide a brief summary of the formation treatment: _____ Open Hole:

This formation is commingled with another formation: Yes No

Test Information:

Date: 07/15/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 113 Bbls H2O: 42

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 113 Bbls H2O: 42 GOR: 0

Test Method: Pumping Casing PSI: 88 Tubing PSI: 2 Choke Size: _____

Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 1006 API Gravity Oil: _____

Tubing Size: 2 + 7/8 Tubing Setting Depth: 2397 Tbg setting date: 06/18/2011 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: _____

FORMATION: RATON COAL Status: COMMINGLED

Treatment Date: 06/10/2011 Date of First Production this formation: 07/06/2011

Perforations Top: 722 Bottom: 1440 No. Holes: 51 Hole size: 42/100

Provide a brief summary of the formation treatment: _____ Open Hole:

Acidized w/2,000 gals 15% HCl acid. Frac'd w/100,205 gals 20# Delta 140 w/Sandwedge OS carrying 252,255# 16/30 Nebraska 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: _____ 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: _____ Director of COGCC Date: _____

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)