

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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Document Number:

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

5. API Number 05-071-09849-00
6. County: LAS ANIMAS
7. Well Name: HILL RANCH Well Number: 12-04
8. Location: QtrQtr: NWNW Section: 12 Township: 35S Range: 68W Meridian: 6
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: VERMEJO COAL Status: PRODUCING
Treatment Date: 06/28/2011 Date of First Production this formation: 08/11/2011
Perforations Top: 1092 Bottom: 1297 No. Holes: 45 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/49,498 gals 20# Delta 140 w/Sandwedge OS carrying 173,759# 16/30 Nebraska sd.
This formation is commingled with another formation: Yes No
Test Information:
Date: 08/17/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 74 Bbls H2O: 13
Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 74 Bbls H2O: 13 GOR: 0
Test Method: Pumping Casing PSI: 23 Tubing PSI: 196 Choke Size: _____
Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 1005 API Gravity Oil: _____
Tubing Size: 2 + 7/8 Tubing Setting Depth: 1404 Tbg setting date: 07/05/2011 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: _____

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

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)