

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:

400191182

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

5. API Number 05-071-09854-00 6. County: LAS ANIMAS
7. Well Name: GOLDEN EAGLE Well Number: 30-02
8. Location: QtrQtr: NWNE Section: 30 Township: 33S Range: 67W Meridian: 6
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: VERMEJO COAL Status: PRODUCING
Treatment Date: 07/24/2011 Date of First Production this formation: 08/14/2011
Perforations Top: 1406 Bottom: 1672 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/73,619 gals 20# Delta 140 w/Sandwedge OS carrying 230,322# 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: 3 Bbls H2O: 36
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 3 Bbls H2O: 36 GOR: 0
Test Method: Pumping Casing PSI: 51 Tubing PSI: 2 Choke Size: _____
Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 1004 API Gravity Oil: 0
Tubing Size: 2 + 7/8 Tubing Setting Depth: 1800 Tbg setting date: 07/27/2011 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: 9/21/2011 Email: wanett_mccauley@xtoenergy.com

Attachment Check List

Att Doc Num	Name
400191182	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)