

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:

400180669

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 05-071-09863-00 6. County: LAS ANIMAS
7. Well Name: APACHE CANYON Well Number: 20-07
8. Location: QtrQtr: SWNE Section: 20 Township: 34S Range: 67W Meridian: 6
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: RATON-VERMEJO COALS Status: PRODUCING

Treatment Date: _____ Date of First Production this formation: 08/17/2011
Perforations Top: 523 Bottom: 1866 No. Holes: 93 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: 08/21/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 58 Bbls H2O: 27
Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 58 Bbls H2O: 27 GOR: 0
Test Method: Pumping Casing PSI: 24 Tubing PSI: 3 Choke Size: _____
Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 1008 API Gravity Oil: _____
Tubing Size: 2 + 7/8 Tubing Setting Depth: 1935 Tbg setting date: 08/01/2011 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: 07/29/2011 Date of First Production this formation: 08/17/2011

Perforations Top: 523 Bottom: 840 No. Holes: 69 Hole size: 42/100

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

Acidized w/2,250 gals 15% HCl acid. Frac'd w/137,863 gals 20# Delta 140 w/Sandwedge OS carrying 313,268# 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: _____

FORMATION: VERMEJO COAL Status: COMMINGLED

Treatment Date: 07/29/2011 Date of First Production this formation: 08/17/2011

Perforations Top: 1569 Bottom: 1866 No. Holes: 24 Hole size: 42/100

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

Acidized w/1,000 gals 15% HCl acid. Frac'd w/40,141 gals 20# Delta 140 w/Sandwedge OS carrying 69,013# 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

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)