

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:

400228781

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 05-071-08928-00 6. County: LAS ANIMAS  
7. Well Name: APACHE CANYON Well Number: 18-16  
8. Location: QtrQtr: SESE Section: 18 Township: 34S Range: 67W Meridian: 6  
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: <u>RATON-VERMEJO COALS</u>		Status: <u>PRODUCING</u>	
Treatment Date: _____		Date of First Production this formation: <u>04/28/2007</u>	
Perforations	Top: <u>834</u> Bottom: <u>2112</u>	No. Holes: <u>92</u>	Hole size: <u>45/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>			
Date: <u>05/01/2007</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>22</u> Bbls H2O: <u>101</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>22</u> Bbls H2O: <u>101</u> GOR: <u>0</u>
Test Method: <u>Pumping</u>	Casing PSI: <u>14</u>	Tubing PSI: <u>2</u>	Choke Size: _____
Gas Disposition: <u>SOLD</u>	Gas Type: <u>COAL GAS</u>	BTU Gas: <u>999</u>	API Gravity Oil: <u>0</u>
Tubing Size: <u>2 + 7/8</u>	Tubing Setting Depth: <u>2234</u>	Tbg setting date: <u>03/20/2007</u>	Packer Depth: _____
Reason for Non-Production: _____ _____			
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: _____		Sacks cement on top: _____	

FORMATION: RATON COAL Status: COMMINGLED

Treatment Date: 03/01/2007 Date of First Production this formation: 04/28/2007

Perforations Top: 834 Bottom: 1141 No. Holes: 48 Hole size: 45/100

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

Acidized w/1,750 gals 15% HCl acid. Frac'd w/93,430 gals 20# Delta 140 w/Sandwedge OS carrying 17,000# 16/30 Brady sd & 222,229# 12/20 Brady 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: 03/01/2007 Date of First Production this formation: 04/28/2007

Perforations Top: 1862 Bottom: 2112 No. Holes: 44 Hole size: 45/100

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

Acidized w/1,250 gals 15% HCl acid. Frac'd w/88,974 gals 20# Delta 140 w/Sandwedge OS carrying 10,700# 16/30 Brady sd & 180,457# 12/20 Brady 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: \_\_\_\_\_

This is a record clean up.

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: 12/9/2011 Email: wanett\_mccauley@xtoenergy.com

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### Attachment Check List

Att Doc Num	Name
400228781	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)