

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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Date Received:

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: DEE JOHNSON Phone: (505) 333-3164 Fax: (505) 333-3670

5. API Number 05-071-07438-00 6. County: LAS ANIMAS 7. Well Name: APACHE CANYON Well Number: 12-12V 8. Location: QtrQtr: NWSW Section: 12 Township: 34S Range: 68W Meridian: 6 9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: RATON-VERMEJO COALS Status: PRODUCING Treatment Type: Treatment Date: End Date: Date of First Production this formation: 08/31/2012 Perforations Top: 441 Bottom: 2110 No. Holes: 198 Hole size: Provide a brief summary of the formation treatment: Open Hole: This formation is commingled with another formation: Total fluid used in treatment (bbl): Max pressure during treatment (psi): Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): Type of gas used in treatment: Max frac gradient (psi/ft): Total acid used in treatment (bbl): Number of staged intervals: Recycled water used in treatment (bbl): Flowback volume recovered (bbl): Fresh water used in treatment (bbl): Disposition method for flowback: Total proppant used (lbs): Rule 805 green completion techniques were utilized: Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 08/31/2012 Hours: 24 Bbl oil: Mcf Gas: Bbl H2O: Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 109 Bbl H2O: 0 GOR: 0 Test Method: Pumping Casing PSI: -6 Tubing PSI: 0 Choke Size: Gas Disposition: SOLD Gas Type: COAL GAS Btu Gas: 964 API Gravity Oil: 1 Tubing Size: 2 + 3/8 Tubing Setting Depth: 2146 Tbg setting date: 07/26/2012 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: ** Wireline and Cement Job Summary must be attached.

FORMATION: RATON COAL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 07/23/2012 End Date: 07/23/2012 Date of First Production this formation: 08/31/2012
Perforations Top: 441 Bottom: 1014 No. Holes: 66 Hole size: 0.42

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

Pumped 3,300 gals 15% HCl acid. Frac'd w/139,158 gals 20# Delta 140 w/sandwedge OS carrying 316,622# 16/30 Brady Sand.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 3392 Max pressure during treatment (psi): 1464

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.43

Type of gas used in treatment: _____ Max frac gradient (psi/ft): 1.05

Total acid used in treatment (bbl): 79 Number of staged intervals: 2

Recycled water used in treatment (bbl): 3314 Flowback volume recovered (bbl): 0

Fresh water used in treatment (bbl): 0 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 316622 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: PRESSURE

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl 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: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: VERMEJO COAL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 07/20/2012 End Date: 07/23/2012 Date of First Production this formation: 05/15/2002
Perforations Top: 1832 Bottom: 2110 No. Holes: 132 Hole size:

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

Pumped 1,300 gals 15% HCl acid. Re-Frac'd w/101,953 gals 20# Delta 140 w/sandwedge OS carrying 108,538# 16/30 Brady Sand.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 2459 Max pressure during treatment (psi): 4369

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.43

Type of gas used in treatment: Max frac gradient (psi/ft): 1.51

Total acid used in treatment (bbl): 31 Number of staged intervals: 2

Recycled water used in treatment (bbl): 2429 Flowback volume recovered (bbl): 0

Fresh water used in treatment (bbl): 0 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 108538 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: PRESSURE

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl 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: ** Wireline and Cement Job Summary must be attached.

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
Signed: Print Name: DOLENA C JOHNSON
Title: REG COMPLAINEE TECH Date: Email: dee_johnson@xtoenergy.com

Attachment Check List

Table with 2 columns: Att Doc Num, Name. Row 1: 400326133, WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

Table with 3 columns: User Group, Comment, Comment Date

Total: 0 comment(s)