

FORM
5

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400322034

Date Received:

08/29/2012

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type Final completion Preliminary 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 05-071-07219-00
6. County: LAS ANIMAS
7. Well Name: HILL RANCH Well Number: 35-12 V
8. Location: QtrQtr: NWSW Section: 35 Township: 34S Range: 67W Meridian: 6
Footage at surface: Distance: 1608 feet Direction: FSL Distance: 613 feet Direction: FWL
As Drilled Latitude: 37.037840 As Drilled Longitude: -104.863850

GPS Data:
Date of Measurement: 09/14/2010 PDOP Reading: 6.0 GPS Instrument Operator's Name: Gary Terry

** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:
Sec: Twp: Rng:
** If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:
Sec: Twp: Rng:

9. Field Name: PURGATOIRE RIVER 10. Field Number: 70830
11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 02/28/2001 13. Date TD: 03/03/2001 14. Date Casing Set or D&A: 04/10/2001

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 2540 TVD** 17 Plug Back Total Depth MD 2501 TVD**

18. Elevations GR 8031 KB 8043
One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:
Induction, Density, Neutron & Cement Bond

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	11	8+5/8	24	0	213	50	0	213	
1ST	7+7/8	5+1/2	15.5	0	2,509	425	0	2,509	

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 02/10/2010

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	SURF		10	0	13

Details of work:

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
RATON COAL	0	2,050	<input type="checkbox"/>	<input type="checkbox"/>	
VERMEJO COAL	2,050	2,380	<input type="checkbox"/>	<input type="checkbox"/>	
TRINIDAD	2,380	2,540	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Original was submitted 10/19/2001. Amended to include 1" Cement Top Out done in Feb.2010.

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 COMPLIANCE TECH Date: 8/29/2012 Email: dee_johnson@xtoenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400322056	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400322034	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)