

**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

4. Contact Name: DEE JOHNSON

2. Name of Operator: XTO ENERGY INC

Phone: (505) 333-3164

3. Address: 382 CR 3100

Fax: (505) 333-3670

City: AZTEC State: NM Zip: 87410

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:

Data 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&amp;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 &amp; 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

User Group	Comment	Comment Date

Total: 0 comment(s)