

FORM
5A

Rev
06/12

State of Colorado
Oil and Gas Conservation Commission

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



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Document Number:

400333156

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 05-071-08471-00

7. Well Name: APACHE CANYON

8. Location: QtrQtr: SWSE Section: 14 Township: 34S Range: 68W Meridian: 6

9. Field Name: PURGATOIRE RIVER Field Code: 70830

6. County: LAS ANIMAS

Well Number: 14-15

Completed Interval

FORMATION: RATON-VERMEJO COALS

Status: PRODUCING

Treatment Type:

Treatment Date: 08/16/2012

End Date: 08/21/2012

Date of First Production this formation: 03/25/2006

Perforations Top: 526 Bottom: 1899 No. Holes: 66 Hole size: 0.4

Provide a brief summary of the formation treatment:

Open Hole: ☐

New number of perforations due to Remedial O2 Zone Isolation on perfs fr/594'-597'.

This formation is commingled with another formation: ☐ Yes ☒ No

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:

Min 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: 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: 2 + 7/8 Tubing Setting Depth: 1996 Tbg setting date: 08/21/2012 Packer Depth:

Reason for Non-Production: Remedial O2 Zone Isolation on perfs fr/594'-597'.

Date formation Abandoned: Squeeze: ☒ Yes ☐ No If yes, number of sacks cmt 30

** Bridge Plug Depth: ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

Comment:

Amended Form 5A per COGCC request due to the remedial O2 Zone Isolation performed on perfs fr/594'-597'.

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: _____ Email: dee_johnson@xtoenergy.com
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Attachment Check List

Att Doc Num	Name
400333158	WELLBORE DIAGRAM
400333159	CEMENT JOB SUMMARY

Total Attach: 2 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)