

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



| | | | |
|----|----|----|----|
| DE | ET | OE | ES |
|----|----|----|----|

Document Number: 400305990

Date Received: 07/16/2012

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: 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 05-071-07300-00 6. County: LAS ANIMAS
 7. Well Name: HILL RANCH Well Number: 10-15V
 8. Location: QtrQtr: SWSE Section: 10 Township: 35S Range: 67W 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: 06/22/2012
 Perforations Top: 750 Bottom: 2364 No. Holes: 145 Hole size: _____
 Provide a brief summary of the formation treatment: _____ Open Hole:
 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: 06/23/2012 Hours: 24 Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 14 Bbl H2O: 63 GOR: 0
 Test Method: Pumping Casing PSI: 55 Tubing PSI: 3 Choke Size: _____
 Gas Disposition: SOLD Gas Type: COAL GAS Btu Gas: 1011 API Gravity Oil: 1
 Tubing Size: 2 + 7/8 Tubing Setting Depth: 2401 Tbg setting date: 06/13/2012 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: 06/06/2012 End Date: 06/06/2012 Date of First Production this formation: 06/22/2012

Perforations Top: 750 Bottom: 1941 No. Holes: 41 Hole size: 0.42

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

Pumped 2,000 gals 15% HCl acid. Frac'd w/98,647 gals 20# Delta 140 w/sandwedge OS carrying 157,290# 16/30 Brady sand.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 2349 Max pressure during treatment (psi): 2781

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

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 1.13

Total acid used in treatment (bbl): 48 Number of staged intervals: 2

Recycled water used in treatment (bbl): 2350 Flowback volume recovered (bbl): 18899

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

Total proppant used (lbs): 157290 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: 06/06/2012 End Date: 06/06/2012 Date of First Production this formation: 08/13/2001
Perforations Top: 2122 Bottom: 2364 No. Holes: 104 Hole size: 0.42

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

Pumped 1,000 gals 15% HCl acid. Frac'd w/95,116 gals 20# Delta 140 w/sandwedge OS carrying 168,750# 16/30 Brady sand.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 2265 Max pressure during treatment (psi): 1785

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

Type of gas used in treatment: Min frac gradient (psi/ft): 0.49

Total acid used in treatment (bbl): 24 Number of staged intervals: 1

Recycled water used in treatment (bbl): 2265 Flowback volume recovered (bbl): 0

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

Total proppant used (lbs): 168750 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 COMPLIANCE TECH Date: 7/16/2012 Email: dee_johnson@xtoenergy.com

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400305990 | FORM 5A SUBMITTED |
| 400306001 | WELLBORE DIAGRAM |

Total Attach: 2 Files

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)