

FORM
5Rev
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:

400414790

Date Received:

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:

City: AZTEC State: NM Zip: 87410

5. API Number 05-071-07176-01

6. County: LAS ANIMAS

7. Well Name: HILL RANCH

Well Number: 5-15 V

8. Location: QtrQtr: SWSE Section: 5 Township: 35S Range: 67W Meridian: 6

Footage at surface: Distance: 121 feet Direction: FSL Distance: 1872 feet Direction: FEL

As Drilled Latitude: 37.019310 As Drilled Longitude: -104.908570

GPS Data:

Data of Measurement: 09/21/2010 PDOP Reading: 6.0 GPS Instrument Operator's Name: Gary Terry

** If directional footage at Top of Prod. Zone Dist.: 82 feet. Direction: FNL Dist.: 1821 feet. Direction: FEL

Sec: 8 Twp: 35S Rng: 67W

** If directional footage at Bottom Hole Dist.: 75 feet. Direction: FNL Dist.: 1692 feet. Direction: FEL

Sec: 8 Twp: 35S Rng: 67W

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) 04/18/2006 13. Date TD: 05/01/2006 14. Date Casing Set or D&A:

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 2365 TVD** 2240 17 Plug Back Total Depth MD 2365 TVD** 2240

18. Elevations GR 8177 KB 8181

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:

Directional Survey

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+0/0	8+5/8	24	0	551	130	0	551	CBL
1ST	7+7/8	5+1/2	15.5	0	2,463	350	0	2,463	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____					
Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
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	2,130	<input type="checkbox"/>	<input type="checkbox"/>	
VERMEJO COAL	2,130	2,426	<input type="checkbox"/>	<input type="checkbox"/>	
TRINIDAD	2,426	2,480	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

This sidetrack will not be completed due to UBHO pin parting during drilling - Fish left in the hole - float sub, mud mtr, & bit.
The sidetrack is currently an open hole without any casing.
Doc # 01318801 Approved Sbsq Form 4 dated 05/23/2006 was all the work details. Missed filing the Form 5 with it.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: DOLENA JOHNSON

Title: REG COMPLIANCE TECH

Date:

Email: dee_johnson@xtoenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400414911	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input 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>					
400415389	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400415435	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)