

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: 400485700

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 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 05-071-07436-00 6. County: LAS ANIMAS
 7. Well Name: APACHE CANYON Well Number: 17-04V
 8. Location: QtrQtr: NWNW Section: 17 Township: 34S 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: 07/06/2007
 Perforations Top: 981 Bottom: 2350 No. Holes: 212 Hole size: 0.45
 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: 07/08/2007 Hours: 24 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 180
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 180 GOR: _____
 Test Method: Pumping Casing PSI: 10 Tubing PSI: 5 Choke Size: _____
 Gas Disposition: SOLD Gas Type: COAL GAS Btu Gas: 1002 API Gravity Oil: 591
 Tubing Size: 2 + 7/8 Tubing Setting Depth: 2359 Tbg setting date: 09/04/2009 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: 06/22/2007 End Date: 06/22/2007 Date of First Production this formation: 07/06/2007

Perforations Top: 981 Bottom: 1522 No. Holes: 92 Hole size: 0.45

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

Corrected Data - Acidized w/2,750 gals 15% HCl acid. Frac'd w/144,929 gals 20# Delta 140 w/sandwedge OS carrying 16,800# 16/30 and 435,002# 12/20 Brady sands.

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: _____ 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: 06/22/2007 End Date: 06/22/2007 Date of First Production this formation: 09/07/2001
Perforations Top: 2081 Bottom: 2350 No. Holes: 120 Hole size: 0.45

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

2007 Corrected Data - New perms 2082-2315 (32 new holes). Acidized w/1,250 gals 15% HCl acid. Frac'd w/57,852 gals 20# Delta 140 w/sandwedge OS carrying 150,037# 16/30 Brady sand.
Pervious Verjemo data was correctly submitted on Form 5A dated 02/03/2003.

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: _____ 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:
Record Cleanup. Previously submitted Form 5A dated 08/07/2007 was incorrect for both Raton & Vermejo Formations.

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	Name
400485715	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)