

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:

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Date Received:

09/25/2013

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:

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: <u>RATON COAL</u>		Status: <u>COMMINGLED</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>06/22/2007</u>		End Date: <u>06/22/2007</u>		Date of First Production this formation: <u>07/06/2007</u>	
Perforations	Top: <u>981</u>	Bottom: <u>1522</u>	No. Holes: <u>92</u>	Hole size: <u>0.45</u>	

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: <input type="checkbox"/>

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: 9/25/2013 Email: dee_johnson@xtoenergy.com

Attachment Check List

Att Doc Num	Name
400485700	FORM 5A SUBMITTED
400485715	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)