

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:

400830042

Date Received:

04/23/2015

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:
Email: dee_johnson@xtoenergy.com

5. API Number 05-103-11534-00
6. County: RIO BLANCO
7. Well Name: Piceance Creek Unit
Well Number: 296-6B8
8. Location: QtrQtr: NWSE Section: 6 Township: 2S Range: 96W Meridian: 6
9. Field Name: PICEANCE CREEK Field Code: 68800

Completed Interval

FORMATION: COZZETTE Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/30/2011 End Date: 01/07/2012 Date of First Production this formation: 12/31/2011

Perforations Top: 13116 Bottom: 13346 No. Holes: 48 Hole size: 0.34

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

Frac'd w/120,800# 40/70 mesh, 24,800# 100 mesh and 6,405 bbls water.

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

Total fluid used in treatment (bbl): 6405

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): 6405

Flowback volume recovered (bbl):

Fresh water used in treatment (bbl):

Disposition method for flowback:

Total proppant used (lbs): 145600

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 02/28/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 278 Bbl H2O: 41

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 278 Bbl H2O: 41 GOR:

Test Method: FLOWING Casing PSI: 2746 Tubing PSI: 1796 Choke Size: 22/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 980 API Gravity Oil:

Tubing Size: 2 + 3/8 Tubing Setting Depth: 12376 Tbg setting date: 03/29/2012 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: CORCORAN Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/30/2011 End Date: 01/07/2012 Date of First Production this formation: 12/31/2011

Perforations Top: 13489 Bottom: 13886 No. Holes: 60 Hole size: 0.34

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

Frac'd w/244,800# 40/70 mesh, 64,300# 100 mesh and 12,405 bbls water.

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

Total fluid used in treatment (bbl): 12405

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): 12405

Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____

Disposition method for flowback: _____

Total proppant used (lbs): 309100

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 02/28/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 481 Bbl H2O: 70

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 481 Bbl H2O: 70 GOR: _____

Test Method: FLOWING Casing PSI: 2746 Tubing PSI: 1796 Choke Size: 22/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 980 API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 12376 Tbg setting date: 03/29/2012 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: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/30/2011 End Date: 01/07/2012 Date of First Production this formation: 12/31/2011

Perforations Top: 10965 Bottom: 12757 No. Holes: 276 Hole size: 0.34

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

Frac'd w/646,600# 40/70 mesh, 139,900# 100 mesh and 28,858 bbls water. Frac plugs set @ 11,652' & 12,735' were drilled out.

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

Total fluid used in treatment (bbl): 28858 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): 28858 Flowback volume recovered (bbl):

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

Total proppant used (lbs): 786500 Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 02/28/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 2169 Bbl H2O: 316

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 2169 Bbl H2O: 316 GOR:

Test Method: FLOWING Casing PSI: 2746 Tubing PSI: 1796 Choke Size: 22/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 980 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 12376 Tbg setting date: 03/29/2012 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.

Comment:

Record Cleanup

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: Sr. Regulatory Analyst Date: 4/23/2015 Email: dee_johnson@xtoenergy.com

Attachment Check List

Att Doc Num	Name
400830042	FORM 5A SUBMITTED
400830043	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
Permit	Passes Permitting.	7/27/2015 8:31:44 AM

Total: 1 comment(s)