

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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: WANETT NCCAULEY Phone: (505) 3333630 Fax: (505) 3333284 Email: WANETT.MCCAULEY@XTOENERGY.COM

5. API Number 05-071-07407-00 6. County: LAS ANIMAS 7. Well Name: APACHE CANYON Well Number: 12-02V 8. Location: QtrQtr: NWNE Section: 12 Township: 34S Range: 68W Meridian: 6 9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: RATON COAL Status: WAITING ON COMPLETION Treatment Type:

Treatment Date: 07/06/2010 End Date: Date of First Production this formation: Perforations Top: 829 Bottom: 830 No. Holes: 4 Hole size: 45/100

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

SET 5 1/2 CICR @ 656 PUMPED 75 SKS CMT DOWN 2 7/8 TBG TO SQZ PERFS FROM 829 TO 803. GOOD CMT BOND FR/ 1,000 TO 828.

This formation is commingled with another formation: [ ] Yes [X] 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:

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

Signed: \_\_\_\_\_ Print Name: WANETT MCCAULEY  
Title: REG COMPL TECH Date: 8/2/2010 Email WANETT.MCCUAULEY@XTOENERGY.COM  
:

### **Attachment Check List**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
2511470	FORM 5A SUBMITTED
2511471	OTHER

Total Attach: 2 Files

### **General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
		Stamp Upon Approval

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