

FORM
5ARev
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



DE ET OE ES

Document Number:

402336612

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

2. Name of Operator: XTO ENERGY INC

3. Address: 110 W 7TH STREET

City: FORT WORTH

State: TX

Zip: 76102

4. Contact Name: Liv Adams

Phone: (405) 594-9453

Fax: (405) 319-3294

Email: Liv_Adams@xtoenergy.com

5. API Number 05-103-10019-00

7. Well Name: LOVE RANCH FEE

6. County: RIO BLANCO

Well Number: 3

8. Location: QtrQtr: NENW

Section: 16

Township: 2S

Range: 97W

Meridian: 6

9. Field Name: LOVE RANCH

Field Code: 51850

Completed Interval

FORMATION: CORCORAN

Status: TEMPORARILY ABANDONED

Treatment Type:

Treatment Date:

End Date:

Date of First Production this formation: 10/23/2001

Perforations

Top: 11624

Bottom: 11639

No. Holes: 60

Hole size: 3 + 1/8

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:

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: CIBP set @ 11551' on 10/31/2001.

Date formation Abandoned: 10/31/2001

Squeeze:

☐ Yes ☐ No

If yes, number of sacks cmt

** Bridge Plug Depth: 11551

** Sacks cement on top:

** Wireline and Cement Job Summary must be attached.

FORMATION: MESAVERDE Status: PRODUCING Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: 12/01/2009

Perforations Top: 6092 Bottom: 11504 No. Holes: 452 Hole size: 0.33

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: _____ 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: CIBP set @ 11551' on 10/31/2001, deeper perforations covered from 11626'-11632'.

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:

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

Signed: _____ Print Name: Liv Adams

Title: Regulatory Coordinator Date: _____ Email: Liv_Adams@xtoenergy.com

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402338482	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)