

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: 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 6. County: RIO BLANCO 7. Well Name: LOVE RANCH FEE 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: [X] 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: 12/17/2001

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'-11639'.

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: 3/10/2020 Email: Liv_Adams@xtoenergy.com

Attachment Check List

Att Doc Num	Name
402336612	FORM 5A SUBMITTED
402338482	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Made the following changes with concurrence from the operator: <ul style="list-style-type: none">•Corrected date of first production.•Corrected interval isolated by CIBP in the reason for non-production on the Mesaverde panel.•Permitting review complete and task passed.	04/03/2020

Total: 1 comment(s)