

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

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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

4. Contact Name: Wanett McCauley

2. Name of Operator: XTO ENERGY INC

Phone: (505) 333-3630

3. Address: 382 CR 3100

Fax: (505) 333-3284

City: AZTEC State: NM Zip: 87410

5. API Number 05-071-07773-00

6. County: LAS ANIMAS

7. Well Name: HILL RANCH

Well Number: 17-09

8. Location: QtrQtr: NESE Section: 17 Township: 35S Range: 67W Meridian: 6

Completed Interval

FORMATION: RATON-VERMEJO COALS

Status: PRODUCING

Treatment Date: _____ Date of First Production this formation: 08/05/2010

Perforations Top: 449 Bottom: 2320 No. Holes: 142 Hole size: 0.46

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

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

Test Information:

Date: 08/12/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 370 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 370 Bbls H2O: 0 GOR: 0

Test Method: Pumping Casing PSI: 25 Tubing PSI: 0 Choke Size: _____

Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 987 API Gravity Oil: _____

Tubing Size: 2 + 7/8 Tubing Setting Depth: 2378 Tbg setting date: 07/24/2010 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: _____

FORMATION: <u>RATON COAL</u>			Status: <u>COMMINGLED</u>		
Treatment Date: <u>07/22/2010</u>		Date of First Production this formation: <u>08/05/2010</u>			
Perforations	Top: <u>449</u>	Bottom: <u>1196</u>	No. Holes: <u>74</u>	Hole size: <u>0.45</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Acidized w/3,600 gals 15% HCl acid. Frac'd w/129,465 gals 20# Delta 140 carrying 24,537# 16/30 Brady sd & 229,874# 12/20 Brady sd (95,700# 12/20 Brady sd coated w/Expedite 155).					
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Test Information:					
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____	
Calculated 24 hour rate: _____		Bbls oil: _____	Mcf Gas: _____	Bbls 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: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____		
Bridge Plug Depth: _____		Sacks cement on top: _____			

FORMATION: <u>VERMEJO COAL</u>			Status: <u>COMMINGLED</u>		
Treatment Date: <u>07/22/2010</u>		Date of First Production this formation: <u>12/05/2003</u>			
Perforations	Top: <u>2072</u>	Bottom: <u>2320</u>	No. Holes: <u>68</u>	Hole size: <u>0.46</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Acidized w/1,500 gals 15% HCl acid. Refrac'd w/113,308 gals 20# Delta 140 carrying 108,826# 16/30 Brady sd & 50,464# 12/20 Brady sd (43,200# 12/20 Brady sd coated w/Expedite 155).					
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Test Information:					
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____	
Calculated 24 hour rate: _____		Bbls oil: _____	Mcf Gas: _____	Bbls 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: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____		
Bridge Plug Depth: _____		Sacks cement on top: _____			

Comment:

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 Compliance Technician

Date: _____

Email wanett_mccauley@xtoenergy.com

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Based on the information provided herein, this Application for Permit-to-Drill complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____

Director of COGCC

Date: _____