

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) 330-3630  
3. Address: 382 CR 3100 Fax: (505) 333-3284  
City: AZTEC State: NM Zip: 87410

5. API Number 05-071-07252-00 6. County: LAS ANIMAS  
7. Well Name: HILL RANCH Well Number: 10-05 V  
8. Location: QtrQtr: SWNW Section: 10 Township: 35S Range: 67W Meridian: 6

Completed Interval

FORMATION: <u>RATON-VERMEJO COALS</u>		Status: <u>PRODUCING</u>	
Treatment Date: _____		Date of First Production this formation: <u>08/14/2010</u>	
Perforations	Top: <u>587</u> Bottom: <u>2382</u>	No. Holes: <u>164</u>	Hole size: <u>0.45</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>Test Information:</b>			
Date: <u>08/16/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>40</u> Bbls H2O: <u>124</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>40</u> Bbls H2O: <u>124</u> GOR: <u>0</u>
Test Method: <u>Pumping</u>	Casing PSI: <u>5</u>	Tubing PSI: <u>6</u>	Choke Size: _____
Gas Disposition: <u>SOLD</u>	Gas Type: <u>COAL GAS</u>	BTU Gas: <u>1002</u>	API Gravity Oil: _____
Tubing Size: <u>2 + 7/8</u>	Tubing Setting Depth: <u>2437</u>	Tbg setting date: <u>08/11/2010</u>	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: RATON COAL Status: COMMINGLED

Treatment Date: 08/09/2010 Date of First Production this formation: 08/14/2010

Perforations Top: 587 Bottom: 1536 No. Holes: 92 Hole size: 0.45

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

Acidized w/4,000 gals 15% HCl acid. Frac'd w/136,177 gals 20# Delta 140 w/Sandwedge OS carrying 29,850# 16/30 Brady sd & 354,551# 12/20 Brady sd.

This formation is commingled with another formation: ☒ Yes ☐ 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: ☐ Yes ☐ 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 Tech Date: \_\_\_\_\_ Email wanett\_mccauley@xtoenergy.com

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Based on the information provided herein, this Completed Interval Report complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_