

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: BARBARA NICOL
2. Name of Operator: XTO ENERGY INC Phone: (505) 333-3642
3. Address: 382 CR 3100 Fax: (505) 333-3284
City: AZTEC State: NM Zip: 87410

5. API Number 05-067-09838-00 6. County: LA PLATA
7. Well Name: TIFFANY 2 Well Number: #3
8. Location: QtrQtr: SESE Section: 2 Township: 32N Range: 7W Meridian: N
9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: <u>FRUITLAND COAL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>11/20/2010</u>	Date of First Production this formation: <u>12/09/2010</u>
Perforations Top: <u>2736</u> Bottom: <u>2902</u>	No. Holes: <u>89</u> Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment: <u>Open Hole: <input type="checkbox"/></u>	
<u>Acidized w/3,500 gals. 15% HCL acid. Frac'd w/175,638 gals. XL fluid carrying 265,160# 16/30 sand.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>12/14/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>401</u> Bbls H2O: <u>79</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>401</u> Bbls H2O: <u>79</u> GOR: <u>0</u>	
Test Method: <u>PUMPING</u> Casing PSI: <u>132</u> Tubing PSI: <u>191</u> Choke Size: <u></u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>COAL GAS</u> BTU Gas: <u>979</u> API Gravity Oil: <u></u>	
Tubing Size: <u>2 + 7/8</u> Tubing Setting Depth: <u>3064</u> Tbg setting date: <u>11/30/2010</u> Packer Depth: <u></u>	
Reason for Non-Production: <u></u>	
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>	
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>	

Comment:

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

Signed: _____ Print Name: Barbara Nicol
Title: Reg. Compliance Tech Date: _____ Email Barbara_Nicol@xtoenergy.com
:

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)