

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:

400128474

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 05-103-10957-00 6. County: RIO BLANCO
7. Well Name: FEDERAL Well Number: 2S-95-16-33DP
8. Location: QtrQtr: NWSE Section: 16 Township: 2S Range: 95W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>WILLIAMS FORK</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>01/27/2009</u>	Date of First Production this formation: <u>02/03/2009</u>
Perforations Top: <u>11360</u> Bottom: <u>14389</u>	No. Holes: <u>236</u> Hole size: <u>35/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
Acidized w/10,584 gals 15% HCl acid. Frac'd w/2,016,462 gals 20# Linear Gel carrying 219,420# 30/60 SinterLite sd & 731,094# Tempered HS sd, 40/70 proppant.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>03/01/2009</u> Hours: <u>24</u> Bbls oil: <u>38</u> Mcf Gas: <u>1578</u> Bbls H2O: <u>312</u>	
Calculated 24 hour rate:	Bbls oil: <u>38</u> Mcf Gas: <u>1578</u> Bbls H2O: <u>312</u> GOR: _____
Test Method: <u>Flowing</u> Casing PSI: <u>2210</u> Tubing PSI: _____	Choke Size: <u>12/64</u>
Gas Disposition: <u>SOLD</u> Gas Type: <u>COAL GAS</u> BTU Gas: <u>1163</u>	API Gravity Oil: _____
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>11334</u> Tbg setting date: <u>07/24/2009</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: _____	

Comment:

This is a revised Form 5A to change the completed interval formation from Mesaverde to Williams Fork.

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

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)