

**FORM
5**Rev
02/08State of Colorado
Oil and Gas Conservation Commission

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



DE ET OE ES

Document Number:

2609258

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary completion

1. OGCC Operator Number: 100264 4. Contact Name: WANETT MCCAULEY
2. Name of Operator: XTO ENERGY INC Phone: (505) 333-3100
3. Address: 382 CR 3100 Fax: (505) 333-3280
City: AZTEC State: NM Zip: 87410

5. API Number 05-067-09762-00 6. County: LA PLATA
7. Well Name: SQUIRES Well Number: 4
8. Location: QtrQtr: NENE Section: 1 Township: 32N Range: 7W Meridian: N
Footage at surface: Distance: 682 feet Direction: FNL Distance: 1100 feet Direction: FEL
As Drilled Latitude: 37.051320 As Drilled Longitude: -107.554600

GPS Data:

Data of Measurement: 10/13/2009 PDOP Reading: 6.0 GPS Instrument Operator's Name: JESUS MARTINEZ W/

** If directional footage

at Top of Prod. Zone Distance: 1872 feet Direction: FNL Distance: 1926 feet Direction: FEL
Sec: 1 Twp: 32N Rng: 7W
at Bottom Hole Distance: 1948 feet Direction: FNL Distance: 1980 feet Direction: FEL
Sec: 1 Twp: 32N Rng: 7W

9. Field Name: IGNACIO BLANCO 10. Field Number: 38300

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 09/10/2009 13. Date TD: 09/14/2009 14. Date Casing Set or D&A: 09/15/2009

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 3488 TVD 2990 17 Plug Back Total Depth MD 3441 TVD 294318. Elevations GR 6397 KB 6409

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

MULTI EXPRESS: TRIPLE COMBO TVD, ARRAY IND/GR, COMP NEUT/BULK DENSITY, TRIPLE COMBO

20. Casing, Liner and Cement:

CASING

| Casing Type | Size of Hole | Size of Casing | Wt/Ft | Csg/Liner Top | Setting Depth | Sacks Cmt | Cmt Top | Cmt Bot | Status |
|-------------|--------------|----------------|-------|---------------|---------------|-----------|---------|---------|--------|
| SURF | 12+1/4 | 8+5/8 | | 0 | 333 | 275 | 0 | 333 | CALC |
| 1ST | 7+7/8 | 5+1/2 | | 0 | 3,487 | 570 | 0 | 3,487 | CALC |

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

| Method used | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| | | | | | |

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

| FORMATION NAME | Measured Depth | | Check if applies | | COMMENTS (All DST and Core Analyses must be submitted to COGCC) |
|-----------------|----------------|--------|--------------------------|--------------------------|---|
| | Top | Bottom | DST | Cored | |
| FRUITLAND | | 2,732 | <input type="checkbox"/> | <input type="checkbox"/> | |
| FRUITLAND COAL | | 2,979 | <input type="checkbox"/> | <input type="checkbox"/> | |
| KIRTLAND | | 1,965 | <input type="checkbox"/> | <input type="checkbox"/> | |
| OJO ALAMO | | 1,749 | <input type="checkbox"/> | <input type="checkbox"/> | |
| PICTURED CLIFFS | | 3,159 | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment: _____

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

Signed: Y

Print Name: WANETT MCCAULEY

Title: REGULATORY CLERK

Date: 10/16/2009

Email: WANETT_MCCAULEY@XTOENERGY.COM

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

COGCC Approved: _____

Director of COGCC

Date: 2/2/2011

Attachment Check List

| Att Doc Num | Name |
|-------------|--------------------|
| 2069989 | DIRECTIONAL SURVEY |

Total Attach: 1 Files

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)