

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:

400131247

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 05-103-10655-00 6. County: RIO BLANCO
7. Well Name: FEDERAL Well Number: 2S-95-15-22
8. Location: QtrQtr: SENW Section: 15 Township: 2S Range: 95W Meridian: 6
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: <u>COZZETTE</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>01/12/2007</u>	Date of First Production this formation: <u>01/15/2007</u>
Perforations Top: <u>15273</u> Bottom: <u>15645</u>	No. Holes: <u>49</u> Hole size: <u>32/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
Acidized w/3,260 gals 15% HCl acid. Frac'd w/508,648 gals 20# gel frac fld carrying 132,968# 40/70 EconoProp sd & 98,163# 30/50 EconoProp sd.	
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>CORCORAN</u>			Status: <u>PRODUCING</u>		
Treatment Date: <u>01/12/2007</u>		Date of First Production this formation: <u>01/15/2007</u>			
Perforations	Top: <u>15682</u>	Bottom: <u>16024</u>	No. Holes: <u>32</u>	Hole size: <u>32/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Acidized w/1,721 gals 15% HCl acid. Frac'd w/288,393 gals 20# gel frac fld carrying 69,923# 40/70 EconoProp sd & 49,583# 30/50 EconoProp sd.					
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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
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>COZZETTE-CORORAN-WMFK</u>			Status: <u>COMMINGLED</u>		
Treatment Date: _____		Date of First Production this formation: <u>10/10/2007</u>			
Perforations	Top: <u>12142</u>	Bottom: <u>16024</u>	No. Holes: <u>371</u>	Hole size: <u>32/100</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					
Test Information:					
Date: <u>10/14/2007</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>1982</u>	Bbls H2O: <u>278</u>	
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>1982</u>	Bbls H2O: <u>278</u>	GOR: <u>0</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>2180</u>	Tubing PSI: <u>1425</u>	Choke Size: _____		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>COAL GAS</u>	BTU Gas: <u>965</u>	API Gravity Oil: <u>0</u>		
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>12027</u>	Tbg setting date: <u>10/10/2007</u>	Packer Depth: _____		
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
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: WILLIAMS FORK Status: PRODUCING

Treatment Date: 07/13/2007 Date of First Production this formation: 07/16/2007

Perforations Top: 12142 Bottom: 14879 No. Holes: 290 Hole size: 32/100

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

Acidized w/12,000 gals 15% HCl acid. Frac'd w/3,481,681 gals 20# linear gel carrying 884,556# 30/50 EconoProp sd & 732,712# 40/70 Prime Plus 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:

This is a revised Form 5A to correctly reflect the producing formations.

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 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)