

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

5. API Number 05-067-09840-00 6. County: LA PLATA
7. Well Name: UTE GOVT Well Number: 101
8. Location: QtrQtr: NESW Section: 36 Township: 33N Range: 7W Meridian: N
9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING

Treatment Date: 05/26/2011 Date of First Production this formation: 06/20/2011
Perforations Top: 2908 Bottom: 2980 No. Holes: 72 Hole size: 54/100

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

Acidized w/2,000 gals 15% HCl acid. Frac'd w/209,250 gals XL frac fld carrying 262,400# sd.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 06/22/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 123 Bbls H2O: 68
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 123 Bbls H2O: 68 GOR: 0
Test Method: PUMPING Casing PSI: 263 Tubing PSI: 252 Choke Size:
Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 971 API Gravity Oil:
Tubing Size: 2 + 7/8 Tubing Setting Depth: 3169 Tbg setting date: 06/06/2011 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 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)