

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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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.

Document Number:

400179461

1. OGCC Operator Number: 100264  
2. Name of Operator: XTO ENERGY INC  
3. Address: 382 CR 3100  
City: AZTEC State: NM Zip: 87410  
4. Contact Name: Wanett McCauley  
Phone: (505) 333-3630  
Fax: (505) 333-3284

5. API Number 05-071-07426-00  
6. County: LAS ANIMAS  
7. Well Name: HILL RANCH Well Number: 09-02V  
8. Location: QtrQtr: NWNE Section: 9 Township: 35S Range: 67W Meridian: 6  
9. Field Name: PURGATOIRE RIVER Field Code: 70830

### Completed Interval

FORMATION: RATON-VERMEJO COALSStatus: PRODUCING

Treatment Date: \_\_\_\_\_

Date of First Production this formation: 06/25/2011Perforations Top: 721 Bottom: 2356 No. Holes: 154 Hole size: 51/100

Provide a brief summary of the formation treatment:

Open Hole: ☐This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 06/26/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 20 Bbls H2O: 123Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 20 Bbls H2O: 123 GOR: 0Test Method: PUMPING Casing PSI: 52 Tubing PSI: 5 Choke Size: \_\_\_\_\_Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 1006 API Gravity Oil: \_\_\_\_\_Tubing Size: 2 + 7/8 Tubing Setting Depth: 2413 Tbg setting date: 06/14/2011 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: \_\_\_\_\_

FORMATION: RATON COALStatus: COMMINGLEDTreatment Date: 06/07/2011Date of First Production this formation: 06/25/2011Perforations Top: 721 Bottom: 1904 No. Holes: 66 Hole size: 42/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

Acidized w/3,000 gals 15% HCl acid. Frac'd w/152,730 gals 20# Delta 140 w/Sandwedge OS carrying 386,092# 16/30 Nebraska 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:

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

Signed: \_\_\_\_\_ Print Name: Wanett McCauleyTitle: 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**

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

Total: 0 comment(s)