

FORM
5Rev
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



DE ET OE ES

Document Number:

400185556

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) 333-3630

3. Address: 382 CR 3100

Fax: (505) 333-3284

City: AZTEC State: NM Zip: 87410

5. API Number 05-071-09682-00

6. County: LAS ANIMAS

7. Well Name: APACHE CANYON

Well Number: 08-06

8. Location: QtrQtr: SENW Section: 8 Township: 34S Range: 67W Meridian: 6

Footage at surface: Distance: 1648 feet Direction: FNL Distance: 1712 feet Direction: FWL

As Drilled Latitude: 37.101460 As Drilled Longitude: -104.914439

GPS Data:

Data of Measurement: 07/27/2011 PDOP Reading: 5.9 GPS Instrument Operator's Name: Gary L. Terry

** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

** If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

9. Field Name: PURGATOIRE RIVER

10. Field Number: 70830

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 07/11/2011 13. Date TD: 07/13/2011 14. Date Casing Set or D&A: 07/13/2011

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 2350 TVD** 17 Plug Back Total Depth MD 2275 TVD**

18. Elevations GR 7820 KB 7824

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:

Neutron, Single Inductin, CBL

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
CONDUCTOR	17+1/2	13+3/8	54.50	0	45	88	0	45	VISU
SURF	11	8+5/8	24	0	519	375	0	519	VISU
1ST	7+7/8	5+1/2	15.50	0	2,323	335	1,002	2,323	CBL

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	
RATON COAL	0		<input type="checkbox"/>	<input type="checkbox"/>	
VERMEJO COAL	1,761		<input type="checkbox"/>	<input type="checkbox"/>	
TRINIDAD	2,132		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

At this time XTO plans to do remedial cement work in 2012 when closure is lifted.

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: 7/29/2011 Email: wanett_mccauley@xtoenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400188598	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400185556	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400187381	LAS-DENSITY/NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400187397	LAS-INDUCTION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400187407	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)