

**FORM**  
**5**  
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



DE	ET	OE	ES
----	----	----	----

Document Number:  
  
400179389

**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 05-071-09854-00 6. County: LAS ANIMAS  
 7. Well Name: GOLDEN EAGLE Well Number: 30-02  
 8. Location: QtrQtr: NWNE Section: 30 Township: 33S Range: 67W Meridian: 6  
 Footage at surface: Distance: 423 feet Direction: FNL Distance: 1895 feet Direction: FEL  
 As Drilled Latitude: 37.149208 As Drilled Longitude: -104.924981

GPS Data:  
 Date of Measurement: 07/11/2011 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) 06/13/2011 13. Date TD: 07/14/2011 14. Date Casing Set or D&A: 06/15/2011

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 1923 TVD\*\* \_\_\_\_\_ 17 Plug Back Total Depth MD 1862 TVD\*\* \_\_\_\_\_

18. Elevations GR 7277 KB 7281 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:  
Open Hole, 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	54.5	0	46	65	0	46	VISU
SURF	11	8+5/8	24	0	634	260	0	634	VISU
1ST	7+7/8	5+1/2	15.5	0	1,909	260	0	1,909	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	1,304		<input type="checkbox"/>	<input type="checkbox"/>	
TRINIDAD	1,710		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Hard copies of logs will be mailed as soon as received from vendors.

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: 7/13/2011 Email: wanett\_mccauley@xtoenergy.com

#### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400179391	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"/>
<b>Other Attachments</b>			
400179389	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400182771	LAS-COMBINATION OPEN HOLE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400182782	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

#### General Comments

User Group	Comment	Comment Date
Permit	rec hard copy logs doc# 2202385-87	8/11/2011 2:07:16 PM
Permit	REQ HARD COPY LOGS	7/18/2011 8:23:07 AM

Total: 2 comment(s)