

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 05-071-09852-00 6. County: LAS ANIMAS  
7. Well Name: HILL RANCH Well Number: 02-16  
8. Location: QtrQtr: SESE Section: 2 Township: 35S Range: 68W Meridian: 6  
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: <u>VERMEJO COAL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>06/30/2011</u>	Date of First Production this formation: <u>08/10/2011</u>
Perforations Top: <u>1326</u> Bottom: <u>1550</u>	No. Holes: <u>51</u> Hole size: <u>42/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Acidized w/2,000 gals 15% HCl acid. Frac'd w/88,937 gals 20# Delta 140 w/Sandwedge OS carrying 205,418# 16/30 Nebraska sd.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>08/17/2011</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>17</u> Bbls H2O: <u>52</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>17</u> Bbls H2O: <u>52</u> GOR: <u>0</u>	
Test Method: <u>Pumping</u> Casing PSI: <u>17</u> Tubing PSI: <u>65</u> Choke Size: <u></u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>COAL GAS</u> BTU Gas: <u>1002</u> API Gravity Oil: <u></u>	
Tubing Size: <u>2 + 7/8</u> Tubing Setting Depth: <u>1660</u> Tbg setting date: <u>07/11/2011</u> Packer Depth: <u></u>	
Reason for Non-Production: <u></u>	
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>	
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>	

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**

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

Total: 0 comment(s)