

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:
400204229

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.

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

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|---|------------------------------|
| 5. API Number <u>05-071-07775-00</u> | 6. County: <u>LAS ANIMAS</u> |
| 7. Well Name: <u>GOLDEN EAGLE</u> | Well Number: <u>17-15</u> |
| 8. Location: QtrQtr: <u>SWSE</u> Section: <u>17</u> Township: <u>33S</u> Range: <u>67W</u> Meridian: <u>6</u> | |
| 9. Field Name: <u>PURGATOIRE RIVER</u> Field Code: <u>70830</u> | |

Completed Interval

FORMATION: RATON-VERMEJO COALSStatus: PRODUCINGTreatment Date: _____ Date of First Production this formation: 08/10/2011Perforations Top: 681 Bottom: 2321 No. Holes: 186 Hole size: 42/100Provide a brief summary of the formation treatment: _____ Open Hole: This formation is commingled with another formation: Yes No**Test Information:**Date: 08/22/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 69 Bbls H2O: 130Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 69 Bbls H2O: 130 GOR: 0Test Method: Pumping Casing PSI: 34 Tubing PSI: 3 Choke Size: _____Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 1002 API Gravity Oil: _____Tubing Size: 2 + 7/8 Tubing Setting Depth: 2374 Tbg setting date: 07/28/2011 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: 07/26/2011 Date of First Production this formation: 08/10/2011Perforations Top: 681 Bottom: 1210 No. Holes: 84 Hole size: 42/100Provide a brief summary of the formation treatment: _____ Open Hole:

Acidized w/3,750 gals 15% HCl acid. Frac'd w/152,901 gals 20# Delta 140 w/Sandwedge OS carrying 369,189# 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

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
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Total: 0 comment(s)