

**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

Document Number:

400191182

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 05-071-09854-00 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
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: <u>VERMEJO COAL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>07/24/2011</u>		Date of First Production this formation: <u>08/14/2011</u>	
Perforations	Top: <u>1406</u> Bottom: <u>1672</u>	No. Holes: <u>45</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/73,619 gals 20# Delta 140 w/Sandwedge OS carrying 230,322# 16/30 Nebraska sd.</u>			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:			
Date: <u>08/17/2011</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>3</u> Bbls H2O: <u>36</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>3</u> Bbls H2O: <u>36</u> GOR: <u>0</u>
Test Method: <u>Pumping</u>	Casing PSI: <u>51</u>	Tubing PSI: <u>2</u>	Choke Size: <u></u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>COAL GAS</u>	BTU Gas: <u>1004</u>	API Gravity Oil: <u></u>
Tubing Size: <u>2 + 7/8</u>	Tubing Setting Depth: <u>1800</u>	Tbg setting date: <u>07/27/2011</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 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>

Total: 0 comment(s)