

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: <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>	

5. API Number <u>05-071-08051-00</u>	6. County: <u>LAS ANIMAS</u>
7. Well Name: <u>GOLDEN EAGLE</u>	Well Number: <u>17-14</u>
8. Location: QtrQtr: <u>SESW</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: PRODUCING

Treatment Date: \_\_\_\_\_

Date of First Production this formation: 08/17/2011Perforations Top: 770 Bottom: 2064 No. Holes: 101 Hole size: 42/100

Provide a brief summary of the formation treatment:

Open Hole: ☐This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 08/18/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 78 Bbls H2O: 99Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 78 Bbls H2O: 99 GOR: 0Test Method: Pumping Casing PSI: 30 Tubing PSI: 2 Choke Size: \_\_\_\_\_Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 995 API Gravity Oil: \_\_\_\_\_Tubing Size: 2 + 7/8 Tubing Setting Depth: 2190 Tbg setting date: 08/10/2011 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: 08/06/2011Date of First Production this formation: 08/17/2011Perforations Top: 770 Bottom: 924 No. Holes: 33 Hole size: 42/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

Acidized w/1,000 gals 15% HCl acid. Frac'd w/40,193 gals 20# Delta 140 w/Sandwedge OS carrying 125,801# 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>

Total: 0 comment(s)