

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:

400197844

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

2. Name of Operator: XTO ENERGY INC

3. Address: 382 CR 3100

City: AZTEC State: NM Zip: 87410

4. Contact Name: Wanett McCauley

Phone: (505) 333-3630

Fax: (505) 333-3284

5. API Number 05-071-08051-00

7. Well Name: GOLDEN EAGLE

8. Location: QtrQtr: SESW Section: 17 Township: 33S Range: 67W Meridian: 6

9. Field Name: PURGATOIRE RIVER Field Code: 70830

6. County: LAS ANIMAS

Well Number: 17-14

### Completed Interval

FORMATION: RATON-VERMEJO COALSStatus: PRODUCINGTreatment 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: 0Tubing 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: 08/06/2011 Date 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: 9/21/2011 Email: wanett\_mccauley@xtoenergy.com

### Attachment Check List

Att Doc Num	Name
400197844	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)