

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



DE ET OE ES

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  
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 05-067-09862-00  
6. County: LA PLATA  
7. Well Name: R&G Well Number: 26-3  
8. Location: QtrQtr: NWSE Section: 26 Township: 33N Range: 7W Meridian: N  
9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING  
Treatment Date: 11/17/2011 Date of First Production this formation: 11/30/2011  
Perforations Top: 2772 Bottom: 2919 No. Holes: 106 Hole size: 54/100  
Provide a brief summary of the formation treatment: Open Hole:   
Acidized w/2,000 gals 15% NEFE HCl acid. Frac'd w/186,814 gals Delta 140 frac fld carrying 273,740# sd coated w/Sandwedge NT.  
This formation is commingled with another formation:  Yes  No  
Test Information:  
Date: 12/02/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 15 Bbls H2O: 103  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 15 Bbls H2O: 103 GOR: 0  
Test Method: Pumping Casing PSI: 137 Tubing PSI: 140 Choke Size:  
Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 1054 API Gravity Oil:  
Tubing Size: 2 + 7/8 Tubing Setting Depth: 3165 Tbg setting date: 11/20/2011 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:

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)