

FORM
5A

Rev
06/12

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

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Date Received:

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: DEE JOHNSON
Phone: (505) 333-3164
Fax: (505) 333-3670

5. API Number 05-071-07447-00
6. County: LAS ANIMAS
7. Well Name: HILL RANCH
Well Number: 04-02V
8. Location: QtrQtr: NWNE Section: 4 Township: 35S Range: 67W Meridian: 6
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: RATON-VERMEJO COALS Status: PRODUCING Treatment Type:
Treatment Date: End Date: Date of First Production this formation: 06/26/2012
Perforations Top: 577 Bottom: 2275 No. Holes: 220 Hole size:
Provide a brief summary of the formation treatment: Open Hole: ☐
This formation is commingled with another formation: ☐ Yes ☒ No
Total fluid used in treatment (bbl): Max pressure during treatment (psi):
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):
Type of gas used in treatment: Max frac gradient (psi/ft):
Total acid used in treatment (bbl): Number of staged intervals:
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): Disposition method for flowback:
Total proppant used (lbs): Rule 805 green completion techniques were utilized: ☐
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 06/28/2012 Hours: 24 Bbl oil: Mcf Gas: Bbl H2O:
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 76 Bbl H2O: 78 GOR: 0
Test Method: Pumping Casing PSI: 43 Tubing PSI: 12 Choke Size:
Gas Disposition: SOLD Gas Type: COAL GAS Btu Gas: 1034 API Gravity Oil: 1
Tubing Size: 2 + 7/8 Tubing Setting Depth: 2331 Tbg setting date: 06/15/2012 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: ** Wireline and Cement Job Summary must be attached.

FORMATION: <u>RATON COAL</u>		Status: <u>COMMINGLED</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>06/08/2012</u>		End Date: <u>06/08/2012</u>		Date of First Production this formation: <u>06/26/2012</u>	
Perforations	Top: <u>577</u>	Bottom: <u>1426</u>	No. Holes: <u>84</u>	Hole size: <u>0.42</u>	

Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Pumped 3,500 gals 15% HCl acid. Frac'd w/219,283 gals 20# Delta 140 w/sandwedge OS carrying 411,460# 16/30 Brady sand.

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): <u>5307</u>	Max pressure during treatment (psi): <u>2582</u>
Total gas used in treatment (mcf): <u>0</u>	Fluid density at initial fracture (lbs/gal): <u>8.43</u>
Type of gas used in treatment: _____	Max frac gradient (psi/ft): <u>1.54</u>
Total acid used in treatment (bbl): <u>84</u>	Number of staged intervals: <u>4</u>
Recycled water used in treatment (bbl): <u>5223</u>	Flowback volume recovered (bbl): <u>0</u>
Fresh water used in treatment (bbl): <u>0</u>	Disposition method for flowback: _____
Total proppant used (lbs): <u>411460</u>	Rule 805 green completion techniques were utilized: <input type="checkbox"/>

Reason why green completion not utilized: PRESSURE

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____	Hours: _____	Bbl oil: _____	Mcf Gas: _____	Bbl H2O: _____
Calculated 24 hour rate: _____	Bbl oil: _____	Mcf Gas: _____	Bbl 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: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: VERMEJO COAL Status: COMMINGLED Treatment Type: _____
Treatment Date: _____ End Date: _____ Date of First Production this formation: 10/24/2001
Perforations Top: 2004 Bottom: 2275 No. Holes: 136 Hole size: _____
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

REPORTING CHANGE IN FORMATION STATUS ONLY. NO TREATMENT DONE.

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____
Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____
Type of gas used in treatment: _____ Max frac gradient (psi/ft): _____
Total acid used in treatment (bbl): _____ Number of staged intervals: _____
Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____
Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized: ☐
Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
Calculated 24 hour rate: _____ Bbl oil: _____ Mcf Gas: _____ Bbl 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: _____ ** Wireline and Cement Job Summary must be attached.

Comment: _____

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: DOLENA C JOHNSON
Title: REG COMPLIANCE TECH Date: _____ Email: dee_johnson@xtoenergy.com

Attachment Check List

Att Doc Num	Name
400309070	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)