

FORM
5Rev
02/08

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:

400320243

Date Received:

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary completion

1. OGCC Operator Number: 100264

4. Contact Name: DEE JOHNSON

2. Name of Operator: XTO ENERGY INC

Phone: (505) 333-3164

3. Address: 382 CR 3100

Fax: (505) 333-3670

City: AZTEC State: NM Zip: 87410

5. API Number 05-071-06124-00

6. County: LAS ANIMAS

7. Well Name: APACHE CANYON

Well Number: 2-13

8. Location: QtrQtr: SWSW Section: 2 Township: 34S Range: 68W Meridian: 6

Footage at surface: Distance: 730 feet Direction: FSL Distance: 660 feet Direction: FWL

As Drilled Latitude: 37.107810 As Drilled Longitude: -104.971660

GPS Data:

Data of Measurement: 09/08/2010 PDOP Reading: 6.0 GPS Instrument Operator's Name: Gary Terry

** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

** If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

9. Field Name: PURGATOIRE RIVER

10. Field Number: 70830

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 09/03/1989 13. Date TD: 11/02/1989 14. Date Casing Set or D&A: 01/14/1990

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 2600 TVD** 17 Plug Back Total Depth MD 2520 TVD**

18. Elevations GR 8615 KB 8625

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

CBL

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8	24	0	239	200	0	239	
1ST	7+7/8	5+1/2	15.5	0	2,598	405	0	790	

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 06/13/2012					
Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	SURF		133	0	239
Details of work:					

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
RATON COAL	0		<input type="checkbox"/>	<input type="checkbox"/>	
VERMEJO COAL	2,067		<input type="checkbox"/>	<input type="checkbox"/>	
TRINIDAD	2,386		<input type="checkbox"/>	<input type="checkbox"/>	
PIERRE	2,497		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Original Form 5 was filed in 1993. Amended to add remedial cement to surface casing.

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	Document Name	attached ?			
<u>Attachment Checklist</u>					
400320253	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400320250	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)