

**FORM**  
**5**  
Rev  
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



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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:  
 Date 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)