

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



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Document Number:

400332961

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 05-071-07958-00
6. County: LAS ANIMAS
7. Well Name: APACHE CANYON
Well Number: 14-7
8. Location: QtrQtr: SWNE Section: 14 Township: 34S Range: 68W Meridian: 6
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: RATON-VERMEJO COALS Status: PRODUCING Treatment Type:
Treatment Date: 08/22/2012 End Date: 08/31/2012 Date of First Production this formation: 07/23/2006
Perforations Top: 800 Bottom: 2011 No. Holes: 139 Hole size:

Provide a brief summary of the formation treatment:

Open Hole: ☐

Remedial Cement Zone Isolation

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:

Min 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: 2 + 3/8 Tubing Setting Depth: 2134 Tbg setting date: 08/31/2012 Packer Depth:

Reason for Non-Production: Remedial O2 Zone Isolation to perf fr/621'-721'.

Date formation Abandoned: Squeeze: ☒ Yes ☐ No If yes, number of sacks cmt 600

** Bridge Plug Depth: ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

FORMATION: RATON COAL Status: COMMINGLED Treatment Type: _____
Treatment Date: 08/22/2012 End Date: 08/31/2012 Date of First Production this formation: 07/23/2006
Perforations Top: 800 Bottom: 1709 No. Holes: 71 Hole size: _____
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Remedial O2 Zone Isolation

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: _____

Min 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: Remedial O2 Zone Isolation to perfs fr/621'-721'.

Date formation Abandoned: _____ Squeeze: ☒ Yes ☐ No If yes, number of sacks cmt 600

** 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: _____
Perforations Top: 1785 Bottom: 2011 No. Holes: 68 Hole size: _____
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

No treatment done to this Zone. Correction to number of holes and top perforation.

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: _____ Min 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:

Amended form 5As per COGCC request due to O2 Zone Isolation. Subsequent Form 4 also submitted via email on 10/02/2012.

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
400332968	WELLBORE DIAGRAM
400332969	CEMENT JOB SUMMARY

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)