

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:

400415914

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:

5. API Number 05-071-07192-00

7. Well Name: HILL RANCH

8. Location: QtrQtr: NENW

Section: 9

Township: 35S

Range: 67W

Meridian: 6

9. Field Name: PURGATOIRE RIVER

Field Code: 70830

6. County: LAS ANIMAS

Well Number: 09-03 R

Completed Interval

FORMATION: RATON COAL Status: PRODUCING Treatment Type: _____
Treatment Date: _____ End Date: _____ Date of First Production this formation: 10/21/2001
Perforations Top: 766 Bottom: 2160 No. Holes: 404 Hole size: 0.4
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Record Clean-up & Status change info only.
There is no Vermejo Formation in this wellbore only Raton Coal.
2066'-2160' = 296 holes; drilled in 2001
766'-1502' = 108 holes; recompleted in 2005

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:

Record Cleanup requested by COGCC

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

Signed: _____ Print Name: Dolena Johnson
Title: REG COMPLIANCE TECH Date: _____ Email: dee_johnson@xtoenergy.com
:

Attachment Check List

Att Doc Num	Name
400415939	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)