

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:

400485843

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 05-071-07186-00
6. County: LAS ANIMAS
7. Well Name: APACHE CANYON
Well Number: 24-02V
8. Location: QtrQtr: NWNE Section: 24 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: _____ End Date: _____ Date of First Production this formation: 09/01/2007
Perforations Top: 319 Bottom: 1747 No. Holes: 158 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: _____ 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: 09/02/2007 Hours: 24 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 34
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 34 GOR: _____
Test Method: Pumping Casing PSI: 5 Tubing PSI: 25 Choke Size: _____
Gas Disposition: SOLD Gas Type: COAL GAS Btu Gas: 999 API Gravity Oil: 564
Tubing Size: 2 + 7/8 Tubing Setting Depth: 1769 Tbg setting date: 08/15/2007 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>08/08/2007</u>		End Date: <u>08/09/2007</u>		Date of First Production this formation: <u>09/01/2007</u>	
Perforations	Top: <u>319</u>	Bottom: <u>1220</u>	No. Holes: <u>70</u>	Hole size: <u>0.45</u>	

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

Corrected Data - Acidized w/2750 gals 15% HCl acid. Frac'd w/187,778 gals 20# Delta 140 w/sandwedge OS carrying 30,700# 16/30 & 439,653# 12/0 Brady sands.

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: <input type="checkbox"/>

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.

FORMATION: VERMEJO COAL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION
Treatment Date: 08/07/2007 End Date: 08/07/2007 Date of First Production this formation: 05/25/2001
Perforations Top: 1482 Bottom: 1747 No. Holes: 88 Hole size:

Provide a brief summary of the formation treatment:

Open Hole: ☐

Corrected Data for 2007 - No new perms. Acidized w/1,000 gals 15% HCl acid. Refrac'd w/60,866 gals 20# Delta 140 w/sandwedge OS carrying 7,000# 16/30 Brady sand & 162,221# 12/20 Arizona sand.
Previously submitted Vermejo data on Form 5A dated 08/03/2001 was correct.

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 Clean-up. Previously submitted Form 5A dated 11/13/2007 was incorrect for both Raton & Vermejo Formations and did not include the Raton-Vermejo Commingled data.

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

400485877 WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group Comment Comment Date

Total: 0 comment(s)