

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:

400491158

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 05-071-08350-00  
6. County: LAS ANIMAS  
7. Well Name: NEW ELK  
Well Number: 36-11 CH  
8. Location: QtrQtr: NESW Section: 36 Township: 33S Range: 68W Meridian: 6  
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: RATON COAL Status: TEMPORARILY ABANDONED Treatment Type:  
Treatment Date: End Date: Date of First Production this formation: 03/18/2006  
Perforations Top: 403 Bottom: 765 No. Holes: 65 Hole size: 0.4

Provide a brief summary of the formation treatment:

Open Hole: ☐

Wellbore Status Change Only

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: Unsalable gas due to high O2 levels. Well is being evaluated for possible plugging.  
MIT w/chart run 09/27/2013.  
Also CIBP set @ 750' on 04/18/2012.

Date formation Abandoned: 09/16/2013 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt

\*\* Bridge Plug Depth: 364 \*\* Sacks cement on top: 0 \*\* Wireline and Cement Job Summary must be attached.

Comment:

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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**

|           |                      |
|-----------|----------------------|
| 400491199 | WELLBORE DIAGRAM     |
| 400491200 | WIRELINE JOB SUMMARY |

Total Attach: 2 Files

### General Comments

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)