

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:

400687939

Date Received:

10/31/2014

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:

Email: dee_johnson@xtoenergy.com

5. API Number 05-067-09900-01

7. Well Name: SMITH

8. Location: QtrQtr: SWSW Section: 2 Township: 32N Range: 7W Meridian: N

9. Field Name: IGNACIO BLANCO Field Code: 38300

6. County: LA PLATA

Well Number: 1H

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING Treatment Type: ACID JOB
Treatment Date: 09/23/2014 End Date: 09/30/2014 Date of First Production this formation: 09/12/2014
Perforations Top: 2449 Bottom: 6101 No. Holes: 13258 Hole size: 0.5

Provide a brief summary of the formation treatment:

Open Hole: ☐

Full Summary is in attachments.

9/23/2014 Swab. RDMO swb unit. MIRU. Catch & rls RBP @ 2392'. Set pkr @ 2398'. EOT @ 2,801'. Lwr/lateral window fr/2435' - 2445'.
9/24/2014 MIRU ac equip. Flsh lwr lateral 2435' - 2445'. Pmp dwn tbg w/5 BPW. Pmp 1,500 gals 15% NEFE HCl ac. Flsh w/150 BPW.
Pmp 1,500 gals 15% NEFE HCl ac. Flsh w/250 BPW. AIR 6 BPM. ATP 1,020 psig. Max TP 1,178 psig. ISIP 702 psig. 5" SIP 363 psig.
10" SIP 181 psig. 15" SIP 91 psig. SWI. RDMO ac equip. SWI.
9/25/2014 - 9/30/2014 Swab.

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 71

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): 71

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: 10/04/2014 Hours: 24 Bbl oil: 0 Mcf Gas: 54 Bbl H2O: 20
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 54 Bbl H2O: 20 GOR: _____
Test Method: Pump Casing PSI: 65 Tubing PSI: 34 Choke Size: _____
Gas Disposition: SOLD Gas Type: COAL GAS Btu Gas: 990 API Gravity Oil: 1
Tubing Size: 2 + 7/8 Tubing Setting Depth: 2729 Tbg setting date: 10/01/2014 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:

This is for the Lower Lateral Completion. We did not frac this well, we only did an acid cleanout right after the 1st delivery to stimulate the production. Per ADP COAs the Form 13s were performed on 08/25/2014 and submitted via postal mail on 09/03/2014.

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: Sr. Regulatory Analyst Date: 10/31/2014 Email: dee_johnson@xtoenergy.com

Attachment Check List

Att Doc Num	Name
400687939	FORM 5A SUBMITTED
400722053	OPERATIONS SUMMARY

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

--	--	--

Total: 0 comment(s)