

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:

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
6. County: LA PLATA
7. Well Name: SMITH
Well Number: 1H
8. Location: QtrQtr: SWSW Section: 2 Township: 32N Range: 7W Meridian: N
9. Field Name: IGNACIO BLANCO Field Code: 38300

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

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)