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 **COMPLETED INTERVAL REPORT**		DE	ET	OE	ES

Document Number:
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Date Received:

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: PO BOX 6501
   City: ENGLEWOOD State: CO Zip: 80155

4. Contact Name: Clay Sclottmann
   Phone: (303) 397-3604
   Fax:
   Email: clay_schlottmann@xtoenergy.com

5. API Number 05-071-07408-00

6. County: LAS ANIMAS

7. Well Name: APACHE CANYON Well Number: 02-16V

8. Location: QtrQtr: SWSE Section: 2 Township: 34S Range: 68W Meridian: 6

9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: VERMEJO COAL   Status: PRODUCING   Treatment Type: FRACTURE STIMULATION

Treatment Date: 01/11/2005   End Date: 01/21/2005   Date of First Production this formation: 01/21/2005

Perforations   Top: 1788   Bottom: 2131   No. Holes: 168   Hole size: _____

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

Original 2002 Vermejo Perfs 1816'-2131' (132holes). New 2005 Vermejo Perfs 1788'-2129' (36 holes).
2005 Frac Treatment: Acidized 1788'-2129' perfs w/100 gals 15% HCl acid and frac'd w/108,396 gals 20# Delta 140 w/sandwedge NT carrying 39,800# 16/30 & 137,900# 12/20 Brady sand.
2005 Farc is not broken down due to it being completed prior to the 2012 Frac Ruling.

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: SOLD   Gas Type: DRY   Btu Gas: _____   API Gravity Oil: _____

Tubing Size: 2 + 7/8   Tubing Setting Depth: 2219   Tbg setting date: 01/21/2005   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 record cleanup purposes. It was never submitted in 2005.

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: _____   Email: dee_johnson@xtoenergy.com

Attachment Check List

Att Doc Num	**Name**

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User Group	**Comment**	**Comment Date**

Total: 0 comment(s)