

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

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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: Wanett McCauley
Phone: (505) 333-3630
Fax: (505) 333-3284

5. API Number 05-071-07362-00
6. County: LAS ANIMAS
7. Well Name: HILL RANCH
Well Number: 17-03V
8. Location: QtrQtr: NENW Section: 17 Township: 35S Range: 67W Meridian: 6

Completed Interval

FORMATION: <u>RATON-VERMEJO COALS</u>		Status: <u>PRODUCING</u>	
Treatment Date: _____		Date of First Production this formation: <u>08/12/2010</u>	
Perforations	Top: <u>591</u> Bottom: <u>2512</u>	No. Holes: <u>180</u>	Hole size: <u>0.45</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>08/15/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>308</u> Bbls H2O: <u>42</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>308</u> Bbls H2O: <u>42</u> GOR: <u>0</u>
Test Method: <u>Pumping</u>	Casing PSI: <u>42</u>	Tubing PSI: <u>4</u>	Choke Size: _____
Gas Disposition: <u>SOLD</u>	Gas Type: <u>COAL GAS</u>	BTU Gas: <u>999</u>	API Gravity Oil: _____
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>2600</u>	Tbg setting date: <u>08/09/2010</u>	Packer Depth: _____
Reason for Non-Production: _____			
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: _____		Sacks cement on top: _____	

FORMATION: <u>RATON COAL</u>		Status: <u>COMMINGLED</u>	
Treatment Date: <u>07/26/2010</u>		Date of First Production this formation: <u>08/12/2010</u>	
Perforations	Top: <u>591</u>	Bottom: <u>1593</u>	No. Holes: <u>76</u> Hole size: <u>0.45</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<div style="border: 1px solid black; padding: 5px;"> Acidized w/3,800 gals 15% HCl acid. Frac'd w/170,128 gals 20# Delta 140 carrying 24,100# 16/30 Brady sd & 338,500# 12/20 Brady sd (177,100# 12/20 Brady sd coated w/Expedite 225). </div>			
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:			
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: _____		Bbls oil: _____	Mcf Gas: _____ Bbls 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: _____			
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: _____		Sacks cement on top: _____	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Wanett McCauley

Title: Reg Compliance Technician Date: _____ Email wanett_mccauley@xtoenergy.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____