

State of Colorado  
Oil and Gas Conservation Commission

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400114525

## 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

4. Contact Name: BARBARA NICOL

2. Name of Operator: XTO ENERGY INC

Phone: (505) 333-3642

3. Address: 382 CR 3100

Fax: (505) 333-3284

City:       AZTEC       State:       NM       Zip:       87410      

5. API Number 05-103-11069-00

6. County: RIO BLANCO

7. Well Name: FEDERAL

Well Number: 4S-95-1-31D

8. Location: QtrQtr: NWNE Section: 1 Township: 4S Range: 95W Meridian: 6

9. Field Name: PICEANCE CREEK Field Code: 68800

### Completed Interval

FORMATION: WILLIAMS FORK

Status: PRODUCING

Treatment Date: 11/21/2010

Date of First Production this formation: 11/26/2010

Perforations	Top:	11729	Bottom:	13762	No. Holes:	504	Hole size:	0.32
--------------	------	-------	---------	-------	------------	-----	------------	------

Provide a brief summary of the formation treatment:

Open Hole: 

Frac'd w/50,291 bbls slurry & 1,126,300# sand.

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

**Test Information:**

Date:	12/13/2010	Hours:	24	Bbls oil:	0	Mcf Gas:	1024	Bbls H2O:	523
-------	------------	--------	----	-----------	---	----------	------	-----------	-----

Calculated 24 hour rate:	Bbls oil:	0	Mcf Gas:	1024	Bbls H2O:	523	GOR:	0
--------------------------	-----------	---	----------	------	-----------	-----	------	---

Test Method: FLOWING	Casing PSI: 1050	Tubing PSI:	Choke Size: 20/64
----------------------	------------------	-------------	-------------------

Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 1050 API Gravity Oil:

Tubing Size:                      Tubing Setting Depth:                      Tbg setting date:                      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: \_\_\_\_\_

Comment:

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

Signed: \_\_\_\_\_ Print Name: Barbara Nicol

Title: Reg. Compliance Tech                      Date:                      Email: Barbara\_Nicol@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: \_\_\_\_\_

**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)