

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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COMPLETED INTERVAL REPORT

Document Number:

400114525

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

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

Total: 0 comment(s)