

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

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.

Document Number:

400196847

1. OGCC Operator Number: 100264	4. Contact Name: Wanett McCauley
2. Name of Operator: XTO ENERGY INC	Phone: (505) 333-3630
3. Address: 382 CR 3100	Fax: (505) 333-3284
City: AZTEC	State: NM
Zip: 87410	

5. API Number 05-071-08116-00	6. County: LAS ANIMAS
7. Well Name: APACHE CANYON	Well Number: 2-09
8. Location: QtrQtr: NESE Section: 2	Township: 34S
	Range: 68W
	Meridian: 6
9. Field Name: PURGATOIRE RIVER	Field Code: 70830

### Completed Interval

FORMATION: RATON-VERMEJO COALSStatus: PRODUCING

Treatment Date: \_\_\_\_\_

Date of First Production this formation: 08/13/2011Perforations Top: 797 Bottom: 2204 No. Holes: 85 Hole size: 42/100

Provide a brief summary of the formation treatment:

Open Hole: ☐This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 08/14/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 12 Bbls H2O: 3Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 12 Bbls H2O: 3 GOR: 0Test Method: Pumping Casing PSI: 4 Tubing PSI: 1 Choke Size: \_\_\_\_\_Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 1005 API Gravity Oil: \_\_\_\_\_Tubing Size: 2 + 7/8 Tubing Setting Depth: 2282 Tbg setting date: 08/03/2011 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: \_\_\_\_\_

FORMATION: RATON COALStatus: COMMINGLEDTreatment Date: 08/01/2011Date of First Production this formation: 08/13/2011Perforations Top: 797 Bottom: 985 No. Holes: 33 Hole size: 42/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

Acidized w/1,000 gals 15% HCl acid. Frac'd w/47,029 gals 20# Delta 140 w/Sandwedge OS carrying 159,598# 16/30 Nebraska sd.

This formation is commingled with another formation: ☒ Yes ☐ 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:

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: Wanett McCauleyTitle: 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: \_\_\_\_\_

**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

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

Total: 0 comment(s)