

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM APPROVED
OMB NO. 1004-0137
Expires July 31, 2010

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Dry <input type="checkbox"/> Other		5 Lease Serial No. NMSF-079968
b. Type of Completion: <input type="checkbox"/> New Well <input type="checkbox"/> Work Over <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input checked="" type="checkbox"/> Diff. Resvr., Other		6 If Indian, Allottee or Tribe Name RCUD NOV 6 '07
2. Name of Operator XTO Energy Inc.		7. Unit or CA Agreement Name and No. oil CONS. DIV.
3. Address 382 CR 3100 Aztec, NM 87410		8 Lease Name and Well No. ROPOO 5 #4 DIST. 3
3a. Phone No. (include area code) 505-333-3100		9. API Well No. 30-045-30415
4. Location of Well (Report location clearly and in accordance with Federal requirements) At surface 1520' ENL & 1420' FEL At top prod. interval reported below At total depth		10. Field and Pool, or Exploratory BASIN FRUITLAND COAL
14 Date Spudded 2/12/01		11 Sec., T., R., M., or Block and Survey or Area SEC 5G-T29N-R14W
15. Date T.D. Reached 2/14/01		12 County or Parish SAN JUAN
16 Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod 3/13/01		13 State NM
17. Elevations (DF, RKB, RT, GL)* 5365'		

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18. Total Depth: MD TVD 940'	19. Plug Back T D MD TVD 906'	20 Depth Bridge Plug Set MD TVD
21. Type Electric & Other Mechanical Logs Run (Submit copy of each) PREVIOUSLY REPORTED		22 Was well cored? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis) Was DST run <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit report) Directional Survey? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit copy)

23. Casing and Liner Record (Report all strings set in well)

Hole Size	Size/Grade	Wt (#ft)	Top (MD)	Bottom (MD)	Stage Cementer Depth	No of Sks & Type of Cement	Slurry Vol (BBL)	Cement Top*	Amount Pulled
8-3/4"	7"	20#		129'		30 SX		0	
6-1/4"	4-1/2"	10.5#		932'		100 SX		0	

24. Tubing Record

Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)
2-3/8"	879'							

25. Producing Intervals

Formation	Top	Bottom	Perforated Interval	Size	No Holes	Perf Status
A) FRUITLAND COAL	702'	798'	3/13/01	0.42"	112	
B)						
C)						
D)						

26. Perforation Record

Depth Interval	Amount and Type of Material
702' - 798'	3/13/07 A. w/500 gals 15% HCl acid. Frac'd w/30,311 gals XL gel water carrying 71,020# 20/40 Brady sand & 18,120# RC sand.

27. Acid, Fracture, Treatment, Cement Squeeze, Etc

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr API	Gas Gravity	Production Method
	10/31/07		→						FLOWING
Choke Size	Tbg Press Flwg SI	Csg. Press	24 Hr	Oil BBL	Gas MCF	Water BBL	Gas Oil Ratio	Well Status	
	16	65	→					PRODUCING	

28a. Production-Interval B

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr API	Gas Gravity	Production Method
			→						
Choke Size	Tbg Press Flwg SI	Csg Press	24 Hr	Oil BBL	Gas MCF	Water BBL	Gas Oil Ratio	Well Status	
			→						

(See instructions and spaces for additional data on page 2)

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FARMINGTON FIELD OFFICE

Date First Produced	Test Date	Hours Tested	Test Production →	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr API	Gas Gravity	Production Method
Choke Size	Tbg Press Flwg SI	Csg Press	24 Hr →	Oil BBL	Gas MCF	Water BBL	Gas. Oil Ratio	Well Status	

Date First Produced	Test Date	Hours Tested	Test Production →	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
Choke Size	Tbg. Press Flwg SI	Csg Press	24 Hr →	Oil BBL	Gas MCF	Water BBL	Gas Oil Ratio	Well Status	

30 Summary of Porous Zones (Include Aquifers)

31 Formation (Log) Markers

Formation	Top	Bottom	Descriptions, Contents, etc	Name	Top
					Meas. Depth

33. Indicate which items have been attached by placing a check in the appropriate boxes:

- 34 I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions)*

Title REGULATORY COMPLIANCE TECH

Signature

Date 10/31/07

(Continued on page 3)