

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:

400143657

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: 10084 4. Contact Name: Judy Glinisty
2. Name of Operator: PIONEER NATURAL RESOURCES USA INC Phone: (303) 675-2658
3. Address: 1401 17TH ST STE 1200 Fax: (303) 294-1275
City: DENVER State: CO Zip: 80202

5. API Number 05-071-08581-00 6. County: LAS ANIMAS
7. Well Name: ROLLERBALL Well Number: 34-30
8. Location: QtrQtr: SWSE Section: 30 Township: 32S Range: 65W Meridian: 6
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: RATON COAL Status: PRODUCING

Treatment Date: 02/23/2011 Date of First Production this formation: 03/03/2011
Perforations Top: 732 Bottom: 1039 No. Holes: 84 Hole size: 0.48

Provide a brief summary of the formation treatment:

Open Hole: ☐

Fraced intervals at 732' - 734' , 847' - 851' , 894' - 902' , 947' - 950' , 1002' - 1004' , 1037' - 1039. 16/30 - 146,810# - N2 - 1,505,400 SCF - 938 bbls foam - 66 gals 15% HCl

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

Test Information:

Date: 03/06/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 59 Bbls H2O: 163
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 59 Bbls H2O: 163 GOR: 0
Test Method: Pumping Casing PSI: 22 Tubing PSI: 0 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 1004 API Gravity Oil: 0
Tubing Size: 2 + 7/8 Tubing Setting Depth: 1603 Tbg setting date: 03/04/2011 Packer Depth: 0

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: Judy Glinisty

Title: Sr. Engineering Tech

Date: _____

Email Judy.Glinisty@pxd.com

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Attachment Check List

Att Doc Num	Name
400143660	

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)