

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:  
400174276

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

5. API Number <u>05-071-09502-00</u>	6. County: <u>LAS ANIMAS</u>
7. Well Name: <u>FANTASY ISLAND</u>	Well Number: <u>42-31</u>
8. Location: QtrQtr: <u>SENE</u> Section: <u>31</u> Township: <u>32S</u> Range: <u>67W</u> Meridian: <u>6</u>	
9. Field Name: <u>PURGATOIRE RIVER</u> Field Code: <u>70830</u>	

### Completed Interval

FORMATION: RATON COAL Status: PRODUCING

Treatment Date: 05/08/2011 Date of First Production this formation: 05/18/2011

Perforations Top: 1239 Bottom: 2206 No. Holes: 180 Hole size: 0.48

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

Fraced Raton formation 1239' - 1245', 1267' - 1272', 1317' - 1321', 1424' - 1427', 1491' - 1493', 1497' - 1499', 1522' - 1525', 1547' - 1551', 1575' - 1577', 1583' - 1588', 1589' - 1591', 1612' - 1614', 1630' - 1632', 2203' - 2206'. 16/30 - 330,109# - N2 - 32,669 hscf - 1,886 bbls 15# linear - 84 gals 15% HCl - 294 gals 7.5% HCl.

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 05/21/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 167 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 167 Bbls H2O: 0 GOR: 0

Test Method: Pumping Casing PSI: 100 Tubing PSI: 0 Choke Size: 17/64

Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 1003 API Gravity Oil: 0

Tubing Size: 2 + 7/8 Tubing Setting Depth: 2247 Tbg setting date: 05/17/2011 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: VERMEJO COAL Status: ABANDONED COMPLETION

Treatment Date: \_\_\_\_\_ Date of First Production this formation: \_\_\_\_\_

Perforations Top: 2415 Bottom: 2733 No. Holes: 112 Hole size: \_\_\_\_\_

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

RETRIEVABLE BRIDGE PLUG SET AT 2365' TO ABANDON VERMEJO FORMATION - AS DETAILED BELOW.

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: \_\_\_\_\_

Economically unfeasible

Date formation Abandoned: 09/04/2010 Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_

Bridge Plug Depth: 2365 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: \_\_\_\_\_ Judy.Glinisty@pxd.com

Email  
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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
400174286	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

**User Group**      **Comment**      **Comment Date**

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

Total: 0 comment(s)