

**FORM
5A**Rev
02/08State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400171647

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 05-071-08356-00 6. County: LAS ANIMAS
7. Well Name: OLD YELLER Well Number: 31-32
8. Location: QtrQtr: NWNE Section: 32 Township: 32S Range: 67W Meridian: 6
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: <u>RATON COAL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>05/11/2011</u>		Date of First Production this formation: <u>05/19/2011</u>	
Perforations	Top: <u>1313</u> Bottom: <u>1955</u>	No. Holes: <u>188</u>	Hole size: <u>0.48</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<p>Fraced new formation 1313' - 1319' , 1326' - 1329' , 1350' - 1353' , 1392' - 1395' , 1439' - 1447' , 1468' - 1470' , 1486' - 1488' , 1539' - 1542' , 1569' - 1571' , 1580' - 1582' , 1612' - 1615' , 1646' - 1648' , 1651' - 1655' , 1664' - 1666' , 1721' - 1724' , 1726' - 1730' , 1770' - 1773' , 1776' - 1778' , 1781' - 1784' , 1786' - 1788' , 1830' - 1832' - 1846' - 1848' , 1912' - 1915' , 1952' - 1955'. 16/30 - 529,796# - N2 - 39,075 HCF - 3,045 bbls 15# foam - 84 gals 7.5% HCL.</p>			
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:			
Date: <u>05/22/2011</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>93</u> Bbls H2O: <u>150</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>93</u> Bbls H2O: <u>150</u> GOR: <u>0</u>
Test Method: <u>Pumping</u>	Casing PSI: <u>85</u>	Tubing PSI: <u>0</u>	Choke Size: <u>16/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>COAL GAS</u>	BTU Gas: <u>1005</u>	API Gravity Oil: <u>0</u>
Tubing Size: <u>2 + 7/8</u>	Tubing Setting Depth: <u>2548</u>	Tbg setting date: <u>05/18/2011</u>	Packer Depth: <u>0</u>
Reason for Non-Production:			
<div></div>			
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 6/3/2011 Email Judy.Glinisty@pxd.com
:

Attachment Check List

Att Doc Num	Name
400171647	FORM 5A SUBMITTED
400171649	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)