

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:

400184581

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

5. API Number 05-071-09638-00  
6. County: LAS ANIMAS  
7. Well Name: THE PAPELBON  
Well Number: 21-25  
8. Location: QtrQtr: NENW Section: 25 Township: 34S Range: 65W Meridian: 6  
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: VERMEJO COAL Status: PRODUCING  
Treatment Date: 06/15/2011 Date of First Production this formation: 06/30/2011  
Perforations Top: 604 Bottom: 716 No. Holes: 52 Hole size: 0.48  
Provide a brief summary of the formation treatment: Open Hole: ☐  
Fraced intervals 604' - 606' , 612' - 614' , 652' - 655' , 695' - 698' , 708' - 710' , 715' - 716'. 16/30 - 88,009# - N2 - 13,464 hscf - 802 bbls 15# linear - 210 gals 15% HCl.  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 07/02/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 23 Bbls H2O: 4  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 23 Bbls H2O: 4 GOR: 0  
Test Method: Pumping Casing PSI: 9 Tubing PSI: 0 Choke Size: 18/64  
Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 1004 API Gravity Oil: 0  
Tubing Size: 2 + 7/8 Tubing Setting Depth: 748 Tbg setting date: 06/22/2011 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:

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

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
400184598	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)