

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:

400210516

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 05-071-09727-00  
6. County: LAS ANIMAS  
7. Well Name: ISLANDER  
Well Number: 33-13  
8. Location: QtrQtr: NWSE Section: 13 Township: 33S Range: 67W Meridian: 6  
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: RATON-VERMEJO COALS	Status: PRODUCING
Treatment Date: 09/11/2011	Date of First Production this formation: 09/22/2011
Perforations Top: 625 Bottom: 2007	No. Holes: 236 Hole size: 0.48
Provide a brief summary of the formation treatment: Open Hole: <input type="checkbox"/>	
Fraced intervals at 625' - 629', 644' - 646', 891' - 895', 925' - 928', 1047' - 1050', 1062' - 1065', 1079' - 1083', 1108' - 1111', 1140' - 1143', 1168' - 1171', 1213' - 1216', 1664' - 1670', 1717' - 1720', 1785' - 1788', 1900' - 1903', 1934' - 1936', 1940' - 1942', 2002' - 2007'. 16/30 - 397,742# - N2 - 31,588 hscf - 2,905 bbls 15# linear - 714 gals 15% HCl.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: 09/25/2011 Hours: 24	Bbls oil: 0 Mcf Gas: 109 Bbls H2O: 107
Calculated 24 hour rate:	Bbls oil: 0 Mcf Gas: 109 Bbls H2O: 107 GOR: 0
Test Method: Pumping	Casing PSI: 60 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: 2052 Tbg setting date: 09/21/2011 Packer Depth: 0
Reason for Non-Production:	
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: 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
400210540	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)