

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:

2505185

## 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 05-071-09214-00

6. County: LAS ANIMAS

7. Well Name: BACKYARD

Well Number: 34-34

8. Location: QtrQtr: SWSE Section: 34 Township: 32S Range: 67W Meridian: 6

9. Field Name: PURGATOIRE RIVER Field Code: 70830

### Completed Interval

**FORMATION:** RATON COAL

Treatment Date:	06/28/2010	Date of First Production this formation:	07/07/2010
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Perforations	Top:	823	Bottom:	1698	No. Holes:	224	Hole size:	48/100
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Provide a brief summary of the formation treatment: Open Hole: ☐

FRAC'D NEW FORMATION INTERVALS 823'-826', 828'-832', 835'-843', 859'-861', 872'-874', 877'-879', 949'-951', 955'-957', 1026'-1027', 1033'-1035', 1040'-1042', 1044'-1046', 1219-1225', 1496'-1503', 1566'-1568', 1618'-1622', 1680'-1683', 1696'-1698'. 16/30 - 369,967# - N2 - 2,365,500 SCF - 1,764 BBLS 70% FOAM - 42 GALS 15% HCL.

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

**Test Information:**

Date:	07/07/2010	Hours:	24	Bbls oil:	0	Mcf Gas:	0	Bbls H2O:	48
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Calculated 24 hour rate:	Bbls oil:	0	Mcf Gas:	0	Bbls H2O:	48	GOR:	0
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Test Method: PUMPING	Casing PSI: 12	Tubing PSI:	Choke Size: 64/64
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Gas Disposition:	SOLD	Gas Type:	COAL GAS	BTU Gas:	1004	API Gravity Oil:	0
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Tubing Size: 2 + 7/8      Tubing Setting Depth: 2393      Tbg setting date: 07/07/2010      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: ENGINEERING                      Date: 7/16/2010                      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: David S. Neslin Director of COGCC Date: 2/21/2011

**Attachment Check List**

Att Doc Num	Name
2505185	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)