

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:

2511524

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 05-071-08426-00
6. County: LAS ANIMAS
7. Well Name: DOODLEBUGGER
Well Number: 24-18
8. Location: QtrQtr: SESW Section: 18 Township: 32S Range: 67W Meridian: 6
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: RATON-VERMEJO COALS Status: PRODUCING

Treatment Date: 07/12/2010 Date of First Production this formation: 11/23/2005

Perforations Top: 1259 Bottom: 3078 No. Holes: 328 Hole size: 48/100

Provide a brief summary of the formation treatment: Open Hole: []

FRACED ADDITIONAL INTERVALS IN RATON FORMATION. 1259'-1262',1267'-1270',1514'-1517',1553'-1556',1659'-1667',1672'-1675',1874'-1877',1889'-1890',1925'-1930',2003'-2007',2013'-2014',2039'-2041',2043'-2045',2064'-2068',2074'-2076', 16/30-269360# -N2-3,217,600 SCF-1,781 BBLs 70% FOAM-336 GALS 15% HCl

This formation is commingled with another formation: [] Yes [X] No

Test Information:

Date: 08/04/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 13 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 13 Bbls H2O: 0 GOR: 0

Test Method: PUMPING Casing PSI: 51 Tubing PSI: 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: 3120 Tbg setting date: 08/03/2010 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: SR. ENGINEERING TECH Date: 8/6/2010 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
2511524	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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