

**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



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**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.

Document Number:

2511524

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 05-071-08426-00 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: <u>RATON-VERMEJO COALS</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>07/12/2010</u>	Date of First Production this formation: <u>11/23/2005</u>
Perforations Top: <u>1259</u> Bottom: <u>3078</u>	No. Holes: <u>328</u> Hole size: <u>48/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>08/04/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>13</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>13</u> Bbls H2O: <u>0</u> GOR: <u>0</u>	
Test Method: <u>PUMPING</u> Casing PSI: <u>51</u> Tubing PSI: <u>      </u> Choke Size: <u>16/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>COAL GAS</u> BTU Gas: <u>1004</u> API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 7/8</u> Tubing Setting Depth: <u>3120</u> Tbg setting date: <u>08/03/2010</u> Packer Depth: <u>      </u>	
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Date formation Abandoned: <u>      </u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u>      </u>	
Bridge Plug Depth: <u>      </u> Sacks cement on top: <u>      </u>	

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 GLINISTYTitle: 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>

Total: 0 comment(s)