

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:

400136519

**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 05-071-06834-00 6. County: LAS ANIMAS  
7. Well Name: DOROTHY Well Number: 34-2 TR  
8. Location: QtrQtr: SWSE Section: 2 Township: 33S Range: 66W Meridian: 6  
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: <u>RATON COAL</u>	Status: <u>TEMPORARILY ABANDONED</u>
Treatment Date: <u>04/19/2000</u>	Date of First Production this formation: <u>05/03/2000</u>
Perforations Top: <u>1036</u> Bottom: <u>1100</u>	No. Holes: <u>64</u> Hole size: <u>0.48</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>--- TO ABANDON RATON FORMATION ---</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: _____ Hours: <u>0</u>	Bbls oil: <u>0</u> Mcf Gas: <u>0</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:	Bbls oil: <u>0</u> Mcf Gas: <u>0</u> Bbls H2O: <u>0</u> GOR: <u>0</u>
Test Method: <u>0</u>	Casing PSI: <u>0</u> Tubing PSI: <u>0</u> Choke Size: <u>0</u>
Gas Disposition: _____	Gas Type: _____ BTU Gas: <u>0</u> API Gravity Oil: <u>0</u>
Tubing Size: <u>0</u> Tubing Setting Depth: <u>1060</u>	Tbg setting date: <u>05/01/2000</u> Packer Depth: <u>0</u>
Reason for Non-Production:	
<u>Cement Retainer Set at 1000'</u>	
Date formation Abandoned: <u>02/16/2011</u>	Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, number of sacks cmt _____
Bridge Plug Depth: <u>1000</u>	Sacks cement on top: _____

Comment:

Copy of MIT and Pressure Chart attached.

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
400136528	
400136529	
400136530	

Total Attach: 3 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)