

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

400136519

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

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

Total: 0 comment(s)