

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:

400137953

**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 05-071-09401-00 6. County: LAS ANIMAS  
7. Well Name: SPACEMAN Well Number: 22-26  
8. Location: QtrQtr: SENW Section: 26 Township: 31S Range: 66W Meridian: 6  
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: RATON COAL Status: TEMPORARILY ABANDONED

Treatment Date: \_\_\_\_\_ Date of First Production this formation: \_\_\_\_\_  
Perforations Top: 702 Bottom: 718 No. Holes: 36 Hole size: 0.48

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

-- TO ABANDON RATON FORMATION VIA CIBP --

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: \_\_\_\_\_ Tubing Setting Depth: \_\_\_\_\_ Tbg setting date: \_\_\_\_\_ Packer Depth: \_\_\_\_\_

Reason for Non-Production:

NOT COMPLETED

Date formation Abandoned: 11/20/2009 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt \_\_\_\_\_

Bridge Plug Depth: 680 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: \_\_\_\_\_ Email Judy.Glinisty@pxd.com

### Attachment Check List

Att Doc Num	Name
400137954	
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Total Attach: 2 Files

### General Comments

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

Total: 0 comment(s)