

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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| DE | ET | OE | ES |
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Document Number:

400168836

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 05-071-08490-00 6. County: LAS ANIMAS
7. Well Name: GOLDFINGER Well Number: 42-24
8. Location: QtrQtr: SENE Section: 24 Township: 32S Range: 68W Meridian: 6
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

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| FORMATION: <u>RATON COAL</u> | Status: <u>PRODUCING</u> |
| Treatment Date: <u>04/30/2011</u> | Date of First Production this formation: <u>05/14/2011</u> |
| Perforations Top: <u>1199</u> Bottom: <u>1978</u> | No. Holes: <u>256</u> Hole size: <u>0.48</u> |
| Provide a brief summary of the formation treatment: <u>Open Hole: <input type="checkbox"/></u> | |
| <u>Fraced new formation 1199' - 1205', 1235' - 1239', 1318' - 1329', 1348' - 1351', 1380' - 1383', 1425' - 1427', 1443' - 1445', 1550' - 1558', 1605' - 1610', 1619' - 1621', 1664' - 1666', 1670' - 1675', 1719' - 1721', 1726' - 1728', 1736' - 1739', 1970' - 1972', 1976' - 1978'.</u> | |
| This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Test Information: | |
| Date: <u>05/16/2011</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>23</u> Bbls H2O: <u>2056</u> | |
| Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>23</u> Bbls H2O: <u>2056</u> GOR: <u>0</u> | |
| Test Method: <u>Pumping</u> Casing PSI: <u>36</u> Tubing PSI: <u>0</u> Choke Size: <u>16/64</u> | |
| Gas Disposition: <u>SOLD</u> Gas Type: <u>COAL GAS</u> BTU Gas: <u>1005</u> API Gravity Oil: <u>0</u> | |
| Tubing Size: <u>2 + 7/8</u> Tubing Setting Depth: <u>2767</u> Tbg setting date: <u>05/12/2011</u> Packer Depth: <u>0</u> | |
| Reason for Non-Production: <div></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 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 |
|-------------|------------------|
| 400168864 | WELLBORE DIAGRAM |

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)