

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:  
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  
2. Name of Operator: PIONEER NATURAL RESOURCES USA INC  
3. Address: 1401 17TH ST STE 1200  
City: DENVER State: CO Zip: 80202  
4. Contact Name: Judy Glinisty  
Phone: (303) 675-2658  
Fax: (303) 294-1275

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

FORMATION: RATON COAL Status: PRODUCING

Treatment Date: 04/30/2011 Date of First Production this formation: 05/14/2011

Perforations Top: 1199 Bottom: 1978 No. Holes: 256 Hole size: 0.48

Provide a brief summary of the formation treatment: Open Hole:

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'.

This formation is commingled with another formation:  Yes  No

#### Test Information:

Date: 05/16/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 23 Bbls H2O: 2056

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 23 Bbls H2O: 2056 GOR: 0

Test Method: Pumping Casing PSI: 36 Tubing PSI: 0 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 1005 API Gravity Oil: 0

Tubing Size: 2 + 7/8 Tubing Setting Depth: 2767 Tbg setting date: 05/12/2011 Packer Depth: 0

Reason for Non-Production:

Date formation Abandoned: \_\_\_\_\_ Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_

Bridge Plug Depth: \_\_\_\_\_ 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

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**

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

Total: 0 comment(s)