

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:

400171647

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 05-071-08356-00  
6. County: LAS ANIMAS  
7. Well Name: OLD YELLER  
Well Number: 31-32  
8. Location: QtrQtr: NWNE Section: 32 Township: 32S Range: 67W Meridian: 6  
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: RATON COAL Status: PRODUCING

Treatment Date: 05/11/2011 Date of First Production this formation: 05/19/2011  
Perforations Top: 1313 Bottom: 1955 No. Holes: 188 Hole size: 0.48

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

Fraced new formation 1313' - 1319', 1326' - 1329', 1350' - 1353', 1392' - 1395', 1439' - 1447', 1468' - 1470', 1486' - 1488', 1539' - 1542', 1569' - 1571', 1580' - 1582', 1612' - 1615', 1646' - 1648', 1651' - 1655', 1664' - 1666', 1721' - 1724', 1726' - 1730', 1770' - 1773', 1776' - 1778', 1781' - 1784', 1786' - 1788', 1830' - 1832', 1846' - 1848', 1912' - 1915', 1952' - 1955'. 16/30 - 529,796# - N2 - 39,075 HCF - 3,045 bbls 15# foam - 84 gals 7.5% HCL.

This formation is commingled with another formation: ☒ Yes ☐ No

Test Information:

Date: 05/22/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 93 Bbls H2O: 150  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 93 Bbls H2O: 150 GOR: 0  
Test Method: Pumping Casing PSI: 85 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: 2548 Tbg setting date: 05/18/2011 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
400171649	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)