

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:

400181350

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 05-071-08546-00	6. County: LAS ANIMAS
7. Well Name: GREY GOOSE	Well Number: 33-30
8. Location: QtrQtr: NWSE Section: 30 Township: 32S Range: 67W Meridian: 6	
9. Field Name: PURGATOIRE RIVER	Field Code: 70830

Completed Interval

FORMATION: RATON COALStatus: PRODUCINGTreatment Date: 05/25/2011Date of First Production this formation: 06/13/2011Perforations Top: 847 Bottom: 1747 No. Holes: 304 Hole size: 0.48

Provide a brief summary of the formation treatment:

Open Hole: ☐

To abandon three Raton intervals 1918' - 1921', 1942' - 1945' and 2197' - 2200' via CIBP described below. Fraced new Raton intervals at 847' - 850', 889' - 891', 894' - 896', 905' - 908', 980' - 983', 1150' - 1158', 1208' - 1211', 1256' - 1262', 1290' - 1295', 1327' - 1331', 1396' - 1399', 1422' - 1424', 1430' - 1432', 1520' - 1527', 1589' - 1593', 1607' - 1609', 1626' - 1629', 1668' - 1671', 1707' - 1713', 1720' - 1722', 1744' - 1747'. 16/30 - 554,284# - N2 - 48,488 hscf - 2,905 bbls 15# linear - 126 gals 7.5% HCl.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 06/23/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 31 Bbls H2O: 0Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 31 Bbls H2O: 0 GOR: 0Test Method: Pumping Casing PSI: 6 Tubing PSI: 0 Choke Size: 64/64Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 1004 API Gravity Oil: 0Tubing Size: 2 + 7/8 Tubing Setting Depth: 1806 Tbg setting date: 06/20/2011 Packer Depth: 0

Reason for Non-Production:

Date formation Abandoned: 06/10/2011 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt _____Bridge Plug Depth: 1870 Sacks cement on top: _____FORMATION: VERMEJO COALStatus: ABANDONED COMPLETION

Treatment Date: _____

Date of First Production this formation: _____

Perforations Top: 2393 Bottom: 2686 No. Holes: 72 Hole size: _____

Provide a brief summary of the formation treatment:

Open Hole: ☐

--- TO ABANDON VERMEJO FORMATION VIA CIBP DESCRIBED BELOW --

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: _____ Hours: 0 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0 GOR: 0Test Method: 0 Casing PSI: 0 Tubing PSI: 0 Choke Size: 0Gas Disposition: _____ Gas Type: _____ BTU Gas: 0 API Gravity Oil: 0Tubing Size: 2 + 7/8 Tubing Setting Depth: 1806 Tbg setting date: 06/20/2011 Packer Depth: 0

Reason for Non-Production:

CIBP

Date formation Abandoned: 06/10/2011 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt _____Bridge Plug Depth: 1870 Sacks cement on top: _____

Comment:

SUMMARY: Well was producing out of Raton/Vermejo with 1st production date of 12/18/2005. Well was then shut-in effective 5/1/2007 as no production for two years. After recompletion done on 5/25/2011 and setting of CIBP to abandon Vermejo, Raton formation started producing as of 6-13-2011.

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

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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
400181384	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)