

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:

400146177

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 05-071-08761-00 6. County: LAS ANIMAS
7. Well Name: BIG TIMER Well Number: 32-19
8. Location: QtrQtr: SWNE Section: 19 Township: 32S Range: 65W Meridian: 6
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: <u>RATON COAL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>03/02/2011</u>	Date of First Production this formation: <u>03/15/2011</u>
Perforations Top: <u>634</u> Bottom: <u>1333</u>	No. Holes: <u>160</u> Hole size: <u>0.48</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
Fraced new Raton formation intervals 634' - 636', 637' - 639', 658' - 661', 669' - 671', 759' - 761', 776' - 778', 886' - 888', 912' - 914', 946' - 948', 958' - 962', 1000' - 1002', 1012' - 1014', 1067' - 1069', 1103' - 1105', 1188' - 1190', 1304' - 1306', 1328' - 1333'. 16/30 - 256,369# - N2 - 25,929 HCF - 1,813 bbls 15# foam - 52 gals 15% HCL.	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:	
Date: <u>03/16/2011</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>45</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>45</u> Bbls H2O: <u>0</u> GOR: <u>0</u>	
Test Method: <u>Pumping</u> Casing PSI: <u>33</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>1004</u> API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 7/8</u> Tubing Setting Depth: <u>1655</u> Tbg setting date: <u>03/11/2011</u> Packer Depth: <u>0</u>	
Reason for Non-Production: <div></div>	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 3/24/2011 Email Judy.Glinisty@pxd.com
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Attachment Check List

Att Doc Num	Name
400146177	FORM 5A SUBMITTED
400146180	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)