

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:

400184978

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 05-071-09641-00 6. County: LAS ANIMAS  
7. Well Name: Blarney Well Number: 21-27  
8. Location: QtrQtr: NENW Section: 27 Township: 34S Range: 65W Meridian: 6  
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: VERMEJO COAL Status: PRODUCING  
Treatment Date: 06/17/2011 Date of First Production this formation: 06/26/2011  
Perforations Top: 585 Bottom: 696 No. Holes: 56 Hole size: 0.48  
Provide a brief summary of the formation treatment: Open Hole: ☐  
Frased intervals at 585' - 588', 617' - 620', 676' - 679', 691' - 696'. 16/30 - 100,706# - N2 - 10,677 hscf - 597 bbls 15# linear - no HCl.  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 06/28/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 25 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 25 Bbls H2O: 0 GOR: 0  
Test Method: Pumping Casing PSI: 6 Tubing PSI: 0 Choke Size: 17/64  
Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 1004 API Gravity Oil: 0  
Tubing Size: 2 + 7/8 Tubing Setting Depth: 752 Tbg setting date: 06/24/2011 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  
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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
400184991	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)