

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



DE ET OE ES

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  
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 05-071-09641-00  
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:   
Fraced 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: 7/14/2011 Email Judy.Glinisty@pxd.com  
:

**Attachment Check List**

Att Doc Num	Name
400184978	FORM 5A SUBMITTED
400184991	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

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

Total: 0 comment(s)