

FORM  
5A

Rev  
02/08

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109

State of Colorado

Oil and Gas Conservation Commission



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Document Number:  
400190562

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 05-071-08518-00 6. County: LAS ANIMAS  
 7. Well Name: YWAM Well Number: 32-7R  
 8. Location: QtrQtr: SWNE Section: 7 Township: 33S Range: 67W Meridian: 6  
 9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: RATON COAL Status: PRODUCING  
 Treatment Date: \_\_\_\_\_ Date of First Production this formation: 09/02/2006  
 Perforations Top: 874 Bottom: 1825 No. Holes: 118 Hole size: 0.48  
 Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:   
 -- TO ABANDON TWO INTERVALS AT 1983' - 1986' , 2033' - 2036' VIA CIBP OUTLINED BELOW --  
 This formation is commingled with another formation:  Yes  No  
**Test Information:**  
 Date: 06/19/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 481 Bbls H2O: 0  
 Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 481 Bbls H2O: 0 GOR: 0  
 Test Method: Pumping Casing PSI: 35 Tubing PSI: 0 Choke Size: 64/64  
 Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 1003 API Gravity Oil: 0  
 Tubing Size: 2 + 7/8 Tubing Setting Depth: 1843 Tbg setting date: 06/17/2011 Packer Depth: 0  
 Reason for Non-Production:  
 \_\_\_\_\_  
 Date formation Abandoned: 06/16/2011 Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_  
 Bridge Plug Depth: 1960 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
400191194	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)