

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:

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: 8/1/2011 Email: Judy.Glinisty@pxd.com

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400190562 | FORM 5A SUBMITTED |
| 400191194 | WELLBORE DIAGRAM |

Total Attach: 2 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|----------------|---------------------|
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Total: 0 comment(s)