

**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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COMPLETED INTERVAL REPORT

Document Number:

400205763

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 05-071-09793-00 6. County: LAS ANIMAS
7. Well Name: Hellzapoppin Well Number: 24-32 Tr
8. Location: QtrQtr: SESW Section: 32 Township: 32S Range: 66W Meridian: 6
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: <u>RATON COAL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>07/18/2011</u>	Date of First Production this formation: <u>07/27/2011</u>
Perforations Top: <u>644</u> Bottom: <u>1755</u>	No. Holes: <u>200</u> Hole size: <u>0.48</u>
Provide a brief summary of the formation treatment: <u>Open Hole: <input type="checkbox"/></u>	
<u>Fraced intervals at 644' - 648', 664' - 667', 682' - 685', 818' - 821', 830' - 833', 836', 839', 964' - 968', 976' - 979', 990' - 994', 998' - 1001', 1003' - 1005', 1356' - 1359', 1400' - 1403', 1445' - 1449', 1750' - 1755'. 16/30 - 194,162# - N2 - 24,336 hscf - 1,521 bbls 15# linear - 168 gals 7.5% HCl.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>08/08/2011</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>11</u> Bbls H2O: <u>89</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>11</u> Bbls H2O: <u>89</u> GOR: <u>0</u>	
Test Method: <u>Pumping</u> Casing PSI: <u>10</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>1766</u> Tbg setting date: <u>07/23/2011</u> Packer Depth: <u>0</u>	
Reason for Non-Production: <u></u>	
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>	
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>	

Comment:

REVISED FORM 5A TO SHOW CORRECTED FIRST PRODUCTION DATE OF 7-27-2011.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Judy GlinistyTitle: 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
400205768	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)