

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:

2511185

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) 6752658
3. Address: 1401 17TH ST STE 1200 Fax: (303) 2941275
City: DENVER State: CO Zip: 80202

5. API Number 05-071-09799-00 6. County: LAS ANIMAS
7. Well Name: Alibi Well Number: 23-2
8. Location: QtrQtr: NESW Section: 2 Township: 33S Range: 68W Meridian: 6
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: RATON-VERMEJO COALS Status: PRODUCING
Treatment Date: 06/29/2010 Date of First Production this formation: 07/22/2010
Perforations Top: 771 Bottom: 2324 No. Holes: 240 Hole size: 48/100
Provide a brief summary of the formation treatment: Open Hole: ☐
FRACED INTERVALS AT 771-774, 796-800, 904-907, 1161-1164, 1174-1176, 1233-1239, 1251-1253, 1270-1277, 1306-1308, 1311-1313, 1345-1348, 1604-1408, 1722-1725, 2012-2015, 2093-2096, 2321-2324.
16/30 - 272,773#-N2-2,911,426 SCF-2050 BBLs 70% FOAM-378 GALS 15% HCl
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 08/03/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 23 Bbls H2O: 571
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 23 Bbls H2O: 571 GOR:
Test Method: PUMPING Casing PSI: 34 Tubing PSI: Choke Size: 23/64
Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 1004 API Gravity Oil:
Tubing Size: 2 + 7/8 Tubing Setting Depth: 2347 Tbg setting date: 07/23/2010 Packer Depth:
Reason for Non-Production:
Date formation Abandoned: Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt
Bridge Plug Depth: Sacks cement on top:

Comment:

Change test data per Operator JLV.

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: 7/30/2010 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: David S. Neslin Director of COGCC Date: 1/6/2011

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)