

**FORM
5A**Rev
02/08State 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

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.

Document Number:

2512665

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 05-071-06992-00 6. County: LAS ANIMAS
7. Well Name: FLINTLOCK Well Number: 14-1
8. Location: QtrQtr: SWSW Section: 1 Township: 32S Range: 66W Meridian: 6
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed IntervalFORMATION: RATON COAL Status: PRODUCINGTreatment Date: 08/03/2010 Date of First Production this formation: 04/14/2001Perforations Top: 669 Bottom: 1796 No. Holes: 412 Hole size: 48/100Provide a brief summary of the formation treatment: Open Hole: ☐

FRACED NEW INTERVALS IN RATON FORMATION. 669'-674',795'-798',810'-811',987'-996',1033'-1036',1043'-1045',1078'-1080',1097'-1099',1108'-1110',1113'-1115',1121'-1123',1138'-1140',1151'-1153'. 16/30-324,650#-N2-2,477,700SCF-1,434 BBLs 70% FOAM-NO HCL

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 08/12/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 46 Bbls H2O: 119Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 46 Bbls H2O: 119 GOR: 0Test Method: PUMPING Casing PSI: 47 Tubing PSI: Choke Size: 16/64Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 1002 API Gravity Oil: 0Tubing Size: 2 + 7/8 Tubing Setting Depth: 1184 Tbg setting date: 08/07/2010 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:

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: 9/3/2010 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: David S. Neslin Director of COGCC Date: 2/23/2011

Attachment Check List

Att Doc Num	Name
2512665	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)