

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

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 05-071-06855-00 6. County: LAS ANIMAS
7. Well Name: SIX SHOOTER Well Number: 43-7
8. Location: QtrQtr: NESE Section: 7 Township: 32S Range: 65W Meridian: 6
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: RATON COAL Status: PRODUCING

Treatment Date: 04/05/2011 Date of First Production this formation: 04/21/2011
Perforations Top: 849 Bottom: 1675 No. Holes: 168 Hole size: 0.48

Provide a brief summary of the formation treatment: Open Hole: []

Fraced intervals in new Raton formation: 849' - 852', 878' - 880', 883' - 885', 924' - 927', 1038' - 1042', 1058' - 1061', 1094' - 1103', 1129' - 1132', 1152' - 1154', 1411' - 1413', 1419' - 1423', 1666' - 1669', 1673' - 1675'. 16/30 - 200,475# - N2 - 20,046 HCF - 1,361 bbls 30# linear - 148 gals 15% HCL

This formation is commingled with another formation: [X] Yes [] No

Test Information:

Date: 04/22/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 26 Bbls H2O: 75
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 26 Bbls H2O: 75 GOR: 0
Test Method: Pumping Casing PSI: 26 Tubing PSI: 0 Choke Size: 64/64
Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 1005 API Gravity Oil: 0
Tubing Size: 2 + 7/8 Tubing Setting Depth: 2006 Tbg setting date: 04/20/2011 Packer Depth: 0

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 Glinisty

Title: Sr. Engineering Tech Date: 4/26/2011 Email Judy.Glinisty@pxd.com
:

Attachment Check List

Att Doc Num	Name
400158233	FORM 5A SUBMITTED
400158258	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)