

**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



DE ET OE ES

Document Number:

400161419

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 05-071-09428-00 6. County: LAS ANIMAS
7. Well Name: TEN ACRES Well Number: 31-7
8. Location: QtrQtr: NWNE Section: 7 Township: 32S Range: 65W Meridian: 6
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed IntervalFORMATION: RATON-VERMEJO COALS Status: PRODUCING

Treatment Date: 04/11/2011 Date of First Production this formation: 04/22/2008
Perforations Top: 711 Bottom: 1907 No. Holes: 280 Hole size: 0.48

Provide a brief summary of the formation treatment:

Open Hole: ☐

Fraced new intervals at 711' - 713', 733' - 735', 752' - 755', 778' - 780', 792' - 794', 798' - 800', 810' - 812', 821' - 823', 830' - 832', 847' - 849', 882' - 885', 968' - 970', 1164' - 1169', 1349' - 1351', 1395' - 1397', 1400' - 1402', 1427' - 1429', 1615' - 1617', 1857' - 1859', 1905' - 1907'. Refraced existing intervals at 981' - 983', 1002' - 1004', 1033' - 1036', 1037' - 1042', 1056' - 1058', 1068' - 1070', 1071' - 1072', 1097' - 1099', 1356' - 1359', 1817' - 1820'. 16/30 - 385,263# - N2 - 49,475 HCF - 188 bbls 30# linear - 2,999 bbls 15# linear - 420 gals 7.5% HCL

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 05/01/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 20 Bbls H2O: 96
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 20 Bbls H2O: 96 GOR: 0
Test Method: Pumping Casing PSI: 41 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: 1941 Tbg setting date: 04/28/2011 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 Glinisty

Title: Sr. Engineering Tech Date: 5/3/2011 Email Judy.Glinisty@pxd.com
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Attachment Check List

Att Doc Num	Name
400161419	FORM 5A SUBMITTED
400161426	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)