

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



DE ET OE ES

Document Number:
400176954

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
2. Name of Operator: PIONEER NATURAL RESOURCES USA INC
3. Address: 1401 17TH ST STE 1200
City: DENVER State: CO Zip: 80202
4. Contact Name: Judy Glinisty
Phone: (303) 675-2658
Fax: (303) 294-1275

5. API Number 05-071-08860-00
6. County: LAS ANIMAS
7. Well Name: LIGER
Well Number: 12-12
8. Location: QtrQtr: SWNW Section: 12 Township: 34S Range: 66W Meridian: 6
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: VERMEJO COAL Status: PRODUCING

Treatment Date: _____ Date of First Production this formation: 10/12/2006
Perforations Top: 1160 Bottom: 1211 No. Holes: 60 Hole size: 0.48

Provide a brief summary of the formation treatment: _____ Open Hole:
--- TO ABANDON INTERVAL 1305' - 1309' VIA CIBP AS DESCRIBED BELOW --

This formation is commingled with another formation: Yes No

Test Information:

Date: 06/18/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 2 Bbls H2O: 116
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 2 Bbls H2O: 116 GOR: 0
Test Method: Pumping Casing PSI: 17 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: 1250 Tbg setting date: 06/07/2011 Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: 06/07/2011 Squeeze: Yes No If yes, number of sacks cmt _____
Bridge Plug Depth: 1290 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: 6/20/2011 Email Judy.Glinisty@pxd.com

Attachment Check List

Att Doc Num	Name
400176954	FORM 5A SUBMITTED
400176961	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)