

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:
400177737

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 05-071-08475-00
6. County: LAS ANIMAS
7. Well Name: MICHELLE Well Number: 31-25
8. Location: QtrQtr: NWNE Section: 25 Township: 32S Range: 68W Meridian: 6
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: RATON COAL Status: PRODUCING

Treatment Date: 05/17/2011 Date of First Production this formation: 05/27/2011
Perforations Top: 1428 Bottom: 2309 No. Holes: 148 Hole size: 0.48

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

Fraced new Raton formation. 1428' - 1431', 1511' - 1513', 1530' - 1532', 1662' - 1667', 1716' - 1723', 1734' - 1736', 1753' - 1756', 1878' - 1880', 1883' - 1885', 1920' - 1923', 2048' - 2051', 2306' - 2309'. 16/30 - 245,626# - N2 - 17,452 hcf - 1,474 bbls 15# linear - 378 gals 7.5% HCl.

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/28/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 42 Bbls H2O: 90
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 42 Bbls H2O: 90 GOR: 0
Test Method: Pumping Casing PSI: 39 Tubing PSI: 0 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 1004 API Gravity Oil: 0
Tubing Size: 2 + 7/8 Tubing Setting Depth: 2853 Tbg setting date: 05/26/2011 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: 6/22/2011 Email Judy.Glinisty@pxd.com
:

Attachment Check List

Att Doc Num	Name
400177739	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)