

**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

Document Number:

400181566

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 05-071-09702-00 6. County: LAS ANIMAS
7. Well Name: LICKITY SPLIT Well Number: 43-12
8. Location: QtrQtr: NESE Section: 12 Township: 32S Range: 67W Meridian: 6
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed IntervalFORMATION: RATON-VERMEJO COALS Status: PRODUCING

Treatment Date: 06/09/2011 Date of First Production this formation: 06/23/2011
Perforations Top: 921 Bottom: 2497 No. Holes: 180 Hole size: 0.48

Provide a brief summary of the formation treatment:

Open Hole: ☐

Fraced intervals 921' - 924', 942' - 943', 949' - 953', 990' - 993', 997' - 999', 1035' - 1040', 1260' - 1261', 1265' - 1271', 1277' - 1278', 1332' - 1335', 1441' - 1444', 1451' - 1452', 1748' - 1750', 1764' - 1767', 1837' - 1838', 1845' - 1847', 2396' - 2398', 2409' - 2411', 2494' - 2497'. 16/30 - 291,315# - N2 - 29,555 hscf - 2,226 bbls 15# linear - 252 gals 7.5% HCl.

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

Date: 06/27/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 15 Bbls H2O: 150
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 15 Bbls H2O: 150 GOR: 0
Test Method: Pumping Casing PSI: 15 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: 2552 Tbg setting date: 06/17/2011 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 GlinistyTitle: Sr. Engineering Tech Date: _____ Email Judy.Glinisty@pxd.com

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: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400181569	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)