

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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Document Number: 400184581

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 05-071-09638-00 6. County: LAS ANIMAS
 7. Well Name: THE PAPELBON Well Number: 21-25
 8. Location: QtrQtr: NENW Section: 25 Township: 34S Range: 65W Meridian: 6
 9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: VERMEJO COAL Status: PRODUCING
 Treatment Date: 06/15/2011 Date of First Production this formation: 06/30/2011
 Perforations Top: 604 Bottom: 716 No. Holes: 52 Hole size: 0.48
 Provide a brief summary of the formation treatment: _____ Open Hole:
 Fraced intervals 604' - 606' , 612' - 614' , 652' - 655' , 695' - 698' , 708' - 710' , 715' - 716'. 16/30 - 88,009# - N2 - 13,464 hscf - 802 bbls 15# linear - 210 gals 15% HCl.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 07/02/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 23 Bbls H2O: 4
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 23 Bbls H2O: 4 GOR: 0
 Test Method: Pumping Casing PSI: 9 Tubing PSI: 0 Choke Size: 18/64
 Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 1004 API Gravity Oil: 0
 Tubing Size: 2 + 7/8 Tubing Setting Depth: 748 Tbg setting date: 06/22/2011 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: _____ 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
400184598	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)