

**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:

400185566

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 05-071-09774-00 6. County: LAS ANIMAS
7. Well Name: R&S Smith Well Number: 33-1
8. Location: QtrQtr: NWSE Section: 1 Township: 33S Range: 66W Meridian: 6
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

| | |
|---|--|
| FORMATION: <u>VERMEJO COAL</u> | Status: <u>PRODUCING</u> |
| Treatment Date: <u>06/22/2011</u> | Date of First Production this formation: <u>07/02/2011</u> |
| Perforations Top: <u>1317</u> Bottom: <u>1531</u> | No. Holes: <u>140</u> Hole size: <u>0.48</u> |
| Provide a brief summary of the formation treatment: | Open Hole: <input type="checkbox"/> |
| Fraced intervals 1317' - 1321' , 1338' - 1340' , 1343' - 1345' , 1353' - 1355' , 1418' - 1421' , 1439' - 1443' , 1460' - 1464' , 1479' - 1485' , 1508' - 1514' , 1528' - 1531'. 16/30 - 251,292# - N2 - 34,292 hscf - 1,901 bbls 15# linear - 315 gals 15% HCl. | |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Test Information: | |
| Date: <u>07/06/2011</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>10</u> Bbls H2O: <u>0</u> | |
| Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>10</u> Bbls H2O: <u>0</u> GOR: <u>0</u> | |
| Test Method: <u>Pumping</u> Casing PSI: <u>8</u> Tubing PSI: <u>0</u> Choke Size: <u>16/64</u> | |
| Gas Disposition: <u>SOLD</u> Gas Type: <u>COAL GAS</u> BTU Gas: <u>1004</u> API Gravity Oil: <u>0</u> | |
| Tubing Size: <u>2 + 7/8</u> Tubing Setting Depth: <u>1580</u> Tbg setting date: <u>06/30/2011</u> Packer Depth: <u>0</u> | |
| Reason for Non-Production: | |
| <div></div> | |
| Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 7/15/2011 Email Judy.Glinisty@pxd.com
:

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400185566 | FORM 5A SUBMITTED |
| 400185571 | WELLBORE DIAGRAM |

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)