

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:

400185718

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
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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	05-071-09779-00
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6. County: LAS ANIMAS

7. Well Name: Gus

Well Number: 13-18 Tr

8. Location: QtrQtr: NWSW Section: 18 Township: 32S Range: 65W Meridian: 6

9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: RATON COAL	Status: PRODUCING
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Treatment Date: 06/28/2011 Date of First Production this formation: 07/10/2011

Perforations	Top:	527	Bottom:	1371	No. Holes:	244	Hole size:	0.48
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Provide a brief summary of the formation treatment: Open Hole: ☐

Fraced intervals at 527' - 530', 545' - 547', 549' - 551', 552' - 555', 617' - 620', 657' - 660', 713' - 716', 732' - 734', 782' - 785', 794' - 796', 828' - 832', 926' - 929', 957' - 960', 1016' - 1018', 1023' - 1025', 1106' - 1109', 1163' - 1167', 1207' - 1209', 1220' - 1223', 1260' - 1263', 1290' - 1293', 1368' - 1371'. 16/30 - 355.679# - N2 - 31.448 hscf - 2,317 bbbs 15# linear - no HCl.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date:	07/13/2011	Hours:	24	Bbls oil:	0	Mcf Gas:	99	Bbls H2O:	76
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Calculated 24 hour rate:	Bbls oil:	0	Mcf Gas:	99	Bbls H2O:	76	GOR:	0
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Test Method: Pumping	Casing PSI: 21	Tubing PSI: 0	Choke Size: 64/64
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Gas Disposition:	SOLD	Gas Type:	COAL GAS	BTU Gas:	1004	API Gravity Oil:	0
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Tubing Size:	2 + 7/8	Tubing Setting Depth:	1423	Tbg setting date:	07/05/2011	Packer Depth:	0
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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
400185725	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)