

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:

400185759

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 05-071-09717-00
6. County: LAS ANIMAS
7. Well Name: SAYULITA
Well Number: 14-33
8. Location: QtrQtr: SWSW Section: 33 Township: 33S Range: 65W Meridian: 6
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: VERMEJO COAL Status: PRODUCING

Treatment Date: 06/20/2011 Date of First Production this formation: 06/30/2011
Perforations Top: 468 Bottom: 586 No. Holes: 52 Hole size: 0.48

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

Fraced intervals at 468' - 472', 506' - 509', 546' - 549', 583' - 586. 16/30 - 87,802# - N2 - 13,538 hscf - 693 bbls 15# linear - 126 gals 7.5% HCl.

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

Test Information:

Date: 07/02/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 16 Bbls H2O: 7
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 16 Bbls H2O: 7 GOR: 0
Test Method: Pumping Casing PSI: 59 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: 657 Tbg setting date: 06/27/2011 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: 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
400185759	FORM 5A SUBMITTED
400185761	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)