

State 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:

400185865

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	05-071-09823-00
---------------	-----------------

6. County: LAS ANIMAS

7. Well Name: ARGON

Well Number: 43-31

8. Location: QtrQtr: NESE Section: 31 Township: 33S Range: 65W Meridian: 6

9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: VERMEJO COAL	Status: PRODUCING
-------------------------	-------------------

Treatment Date:	06/21/2011	Date of First Production this formation:	06/26/2011
-----------------	------------	--	------------

Perforations	Top:	474	Bottom:	589	No. Holes:	60	Hole size:	0.48
--------------	------	-----	---------	-----	------------	----	------------	------

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

Fraced intervals at 474' - 477', 539' - 541', 551' - 553', 559' - 561', 572' - 574', 585' - 589'. 16/30 - 101,084# - N2 - 7,818 hscf - 641 bbls 15# linear - no HCl.

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

Test Information:

Date:	06/29/2011	Hours:	24	Bbls oil:	0	Mcf Gas:	29	Bbls H2O:	0
-------	------------	--------	----	-----------	---	----------	----	-----------	---

Calculated 24 hour rate:	Bbls oil:	0	Mcf Gas:	29	Bbls H2O:	0	GOR:	0
--------------------------	-----------	---	----------	----	-----------	---	------	---

Test Method: Pumping	Casing PSI: 8	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: 634 Tbg setting date: 06/25/2011 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
400185876	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)