

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



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  
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 05-071-09823-00  
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**

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

Total: 0 comment(s)