

**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:

400181549

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 05-071-09697-00 6. County: LAS ANIMAS
7. Well Name: Redbud Well Number: 44-7
8. Location: QtrQtr: SESE Section: 7 Township: 32S Range: 66W Meridian: 6
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed IntervalFORMATION: VERMEJO COAL Status: PRODUCING

Treatment Date: 06/11/2011 Date of First Production this formation: 06/26/2011
Perforations Top: 2842 Bottom: 2980 No. Holes: 92 Hole size: 0.48

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

Fraced intervals at 2842' - 2846' , 2858' - 2862' , 2888' - 2,891' , 2962' - 2971' , 2973' - 2975' , 2979' - 2980'. 16/30 - 149,551# - N2 - 15,728 hscf - 727 bbls 15# linear - 280 gals 15% HCl - 84 gals 7.5% HCl.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 06/28/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 181 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 181 Bbls H2O: 0 GOR: 0
Test Method: Pumping Casing PSI: 100 Tubing PSI: 0 Choke Size: 20/64
Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 1004 API Gravity Oil: 0
Tubing Size: 2 + 7/8 Tubing Setting Depth: 3029 Tbg setting date: 06/23/2011 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: 7/14/2011 Email Judy.Glinisty@pxd.com
:

Attachment Check List

Att Doc Num	Name
400181549	FORM 5A SUBMITTED
400185165	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)