

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:

400184613

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 05-071-09624-00
6. County: LAS ANIMAS
7. Well Name: JACKFACE
Well Number: 23-19
8. Location: QtrQtr: NESW Section: 19 Township: 34S Range: 64W Meridian: 6
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: VERMEJO COAL Status: PRODUCING
Treatment Date: 06/17/2011 Date of First Production this formation: 07/01/2011
Perforations Top: 555 Bottom: 802 No. Holes: 84 Hole size: 0.48
Provide a brief summary of the formation treatment: Open Hole: ☐
Fraced intervals at 555' - 558' , 588' - 591' , 702' - 705' , 721' - 724' , 766' - 769' , 769' - 802'. 16/30 - 100,391# - N2 - 17,103 hscf - 775 bbls 15# linear - 168 gals 7.5% HCl.

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

Test Information:

Date: 07/04/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 36 Bbls H2O: 13
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 36 Bbls H2O: 13 GOR: 0
Test Method: Pumping Casing PSI: 5 Tubing PSI: 0 Choke Size: 22/64
Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 1004 API Gravity Oil: 0
Tubing Size: 2 + 7/8 Tubing Setting Depth: 841 Tbg setting date: 06/23/2011 Packer Depth:

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
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Attachment Check List

Att Doc Num	Name
400184613	FORM 5A SUBMITTED
400184616	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)