

**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:

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: <u>VERMEJO COAL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>06/21/2011</u>		Date of First Production this formation: <u>06/26/2011</u>	
Perforations	Top: <u>474</u> Bottom: <u>589</u>	No. Holes: <u>60</u>	Hole size: <u>0.48</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>06/29/2011</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>29</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>29</u> Bbls H2O: <u>0</u> GOR: <u>0</u>
Test Method: <u>Pumping</u>	Casing PSI: <u>8</u>	Tubing PSI: <u>0</u>	Choke Size: <u>16/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>COAL GAS</u>	BTU Gas: <u>1004</u>	API Gravity Oil: <u>0</u>
Tubing Size: <u>2 + 7/8</u>	Tubing Setting Depth: <u>634</u>	Tbg setting date: <u>06/25/2011</u>	Packer Depth: <u>0</u>
Reason for Non-Production:			
<div></div>			
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 7/15/2011 Email Judy.Glinisty@pxd.com
:

Attachment Check List

Att Doc Num	Name
400185865	FORM 5A SUBMITTED
400185876	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)