

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:  
400185759

**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 05-071-09717-00  
6. County: LAS ANIMAS  
7. Well Name: SAYULITA Well Number: 14-33  
8. Location: QtrQtr: SWSW Section: 33 Township: 33S Range: 65W Meridian: 6  
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: VERMEJO COAL Status: PRODUCING

Treatment Date: 06/20/2011 Date of First Production this formation: 06/30/2011  
Perforations Top: 468 Bottom: 586 No. Holes: 52 Hole size: 0.48

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:   
Fraced intervals at 468' - 472' , 506' - 509' , 546' - 549' , 583' - 586. 16/30 - 87,802# - N2 - 13,538 hscf - 693 bbls 15# linear - 126 gals 7.5% HCl.

This formation is commingled with another formation:  Yes  No

**Test Information:**  
Date: 07/02/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 16 Bbls H2O: 7  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 16 Bbls H2O: 7 GOR: 0  
Test Method: Pumping Casing PSI: 59 Tubing PSI: 0 Choke Size: 18/64  
Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 1004 API Gravity Oil: 0  
Tubing Size: 2 + 7/8 Tubing Setting Depth: 657 Tbg setting date: 06/27/2011 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: 7/15/2011 Email Judy.Glinisty@pxd.com  
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**Attachment Check List**

Att Doc Num	Name
400185759	FORM 5A SUBMITTED
400185761	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

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

Total: 0 comment(s)