

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:

400185718

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 05-071-09779-00 6. County: LAS ANIMAS
7. Well Name: Gus Well Number: 13-18 Tr
8. Location: QtrQtr: NWSW Section: 18 Township: 32S Range: 65W Meridian: 6
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: <u>RATON COAL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>06/28/2011</u>	Date of First Production this formation: <u>07/10/2011</u>
Perforations Top: <u>527</u> Bottom: <u>1371</u>	No. Holes: <u>244</u> Hole size: <u>0.48</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
Fraced intervals at 527' - 530', 545' - 547', 549' - 551', 552' - 555', 617' - 620', 657' - 660', 713' - 716', 732' - 734', 782' - 785', 794' - 796', 828' - 832', 926' - 929', 957' - 960', 1016' - 1018', 1023' - 1025', 1106' - 1109', 1163' - 1167', 1207' - 1209', 1220' - 1223', 1260' - 1263', 1290' - 1293', 1368' - 1371'. 16/30 - 355,679# - N2 - 31,448 hscf - 2,317 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>07/13/2011</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>99</u> Bbls H2O: <u>76</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>99</u> Bbls H2O: <u>76</u> GOR: <u>0</u>	
Test Method: <u>Pumping</u> Casing PSI: <u>21</u> Tubing PSI: <u>0</u> Choke Size: <u>64/64</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>1423</u> Tbg setting date: <u>07/05/2011</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
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Attachment Check List

Att Doc Num	Name
400185718	FORM 5A SUBMITTED
400185725	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)