

**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:

400188372

## 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	05-071-09783-00
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6. County: LAS ANIMAS

7. Well Name: Grants

Well Number: 14-34 Tr

8. Location: QtrQtr: SWSW Section: 34 Township: 32S Range: 66W Meridian: 6

9. Field Name: PURGATOIRE RIVER Field Code: 70830

### Completed Interval

FORMATION: RATON COAL	Status: PRODUCING
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Treatment Date: 07/10/2011 Date of First Production this formation: 07/16/2011

Perforations	Top:	726	Bottom:	1513	No. Holes:	184	Hole size:	0.48
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Provide a brief summary of the formation treatment: Open Hole: ☐

Fraced intervals at 726' - 728', 737' - 740', 830' - 833', 926' - 928', 943' - 947', 973' - 976', 1021' - 1024', 1060' - 1063', 1232' - 1235', 1258' - 1261', 1337' - 1340', 1351' - 1353', 1391' - 1393', 1404' - 1407', 1483' - 1486', 1510' - 1513'. 16/30 - 252,410# - N2 - 30,295 hscf - 1,683 bbls 15# linear - 252 gals 7.5% HCl.

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

**Test Information:**

Date:	07/18/2011	Hours:	24	Bbls oil:	0	Mcf Gas:	110	Bbls H2O:	193
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Calculated 24 hour rate:	Bbls oil:	0	Mcf Gas:	110	Bbls H2O:	193	GOR:	0
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Test Method: Pumping	Casing PSI: 95	Tubing PSI: 0	Choke Size: 16/64
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Gas Disposition:	SOLD	Gas Type:	COAL GAS	BTU Gas:	1004	API Gravity Oil:	0
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Tubing Size:	2 + 7/8	Tubing Setting Depth:	1659	Tbg setting date:	07/15/2011	Packer Depth:	0
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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:                      Email Judy.Glinisty@pxd.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

**Attachment Check List**

Att Doc Num	Name
400188382	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)