

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with 4 columns: DE, ET, OE, ES

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
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 05-071-09783-00
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

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

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 [X] No

Test Information:

Date: 07/18/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 110 Bbls H2O: 193

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 110 Bbls H2O: 193 GOR: 0

Test Method: Pumping Casing PSI: 95 Tubing PSI: 0 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 1004 API Gravity Oil: 0

Tubing Size: 2 + 7/8 Tubing Setting Depth: 1659 Tbg setting date: 07/15/2011 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: 8/1/2011 Email: Judy.Glinisty@pxd.com

Attachment Check List

Att Doc Num	Name
400188372	FORM 5A SUBMITTED
400188382	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)