

**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:

400197363

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 05-071-09659-00 6. County: LAS ANIMAS
7. Well Name: BRAKE HANDLE Well Number: 24-22
8. Location: QtrQtr: SE/SW Section: 22 Township: 32S Range: 67W Meridian: 6
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed IntervalFORMATION: RATON-VERMEJO COALS Status: PRODUCING

Treatment Date: 07/25/2011 Date of First Production this formation: 08/06/2011
Perforations Top: 1110 Bottom: 2744 No. Holes: 320 Hole size: 0.48

Provide a brief summary of the formation treatment: Open Hole: ☐

Fraced intervals 1110' - 1116', 1136' - 1143', 1153' - 1155', 1286' - 1290', 1330' - 1333', 1366' - 1368', 1382' - 1387', 1444' - 1446', 1455' - 1460', 1574' - 1577', 1588' - 1592', 1880' - 1882', 1893' - 1897', 1922' - 1925', 1928' - 1932', 1954' - 1957', 1987' - 1990', 2000' - 2007', 2050' - 2053', 2096' - 2099', 2531' - 2534', 2537' - 2541', 2547' - 2549', 2638' - 2642', 2723' - 2726', 2737' - 2744'. 16/30 - 504,322# - N2 - 66,338 hscf - 6,224 bbls 15# linear - 420 gals 7.5% HCl.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 08/08/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 93 Bbls H2O: 89
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 93 Bbls H2O: 89 GOR: 0
Test Method: Pumping Casing PSI: 35 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: 2808 Tbg setting date: 08/03/2011 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 GlinistyTitle: 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
400197376	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)