

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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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 05-071-09817-00 6. County: LAS ANIMAS
 7. Well Name: TIMBALE Well Number: 32-12
 8. Location: QtrQtr: SWNE Section: 12 Township: 33S Range: 68W Meridian: 6
 9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: VERMEJO COAL Status: PRODUCING

Treatment Date: 08/09/2011 Date of First Production this formation: 08/17/2011
 Perforations Top: 2043 Bottom: 2327 No. Holes: 112 Hole size: 0.48

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

Fraced intervals at 2043' - 2045', 2062' - 2064', 2149' - 2152', 2167' - 2169', 2172' - 2174', 2270' - 2273', 2284' - 2286', 2299' - 2308', 2324' - 2327'. 16/30 - 129,290# - N2 - 17,845 hscf - 1,243 bbls 15# linear - 252 gals 15% HCl.

This formation is commingled with another formation: Yes No

Test Information:

Date: 08/19/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 143 Bbls H2O: 10
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 143 Bbls H2O: 10 GOR: 0
 Test Method: Pumping Casing PSI: 78 Tubing PSI: 0 Choke Size: 19/64
 Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 1004 API Gravity Oil: 0
 Tubing Size: 2 + 7/8 Tubing Setting Depth: 2383 Tbg setting date: 08/15/2011 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: _____ 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
400207678	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)