

**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:

400199706

## 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
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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
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Treatment Date:	08/09/2011	Date of First Production this formation:	08/17/2011
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Perforations	Top:	2043	Bottom:	2327	No. Holes:	112	Hole size:	0.48
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Provide a brief summary of the formation treatment: Open Hole: ☐

Faced 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
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Calculated 24 hour rate:	Bbls oil:	0	Mcf Gas:	143	Bbls H2O:	10	GOR:	0
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Test Method: Pumping	Casing PSI: 78	Tubing PSI: 0	Choke Size: 19/64
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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: 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**

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

Total: 0 comment(s)