

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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Document Number:

400204230

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 05-071-09820-00 6. County: LAS ANIMAS
7. Well Name: TURLINGTON Well Number: 22-28
8. Location: QtrQtr: SE/NW Section: 28 Township: 31S Range: 65W Meridian: 6
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: <u>RATON-VERMEJO COALS</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>08/15/2011</u>		Date of First Production this formation: <u>08/24/2011</u>	
Perforations	Top: <u>817</u> Bottom: <u>1380</u>	No. Holes: <u>96</u>	Hole size: <u>0.48</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>Fraced intervals at 817' - 821' , 842' - 845' , 895' - 897' , 899' - 901' , 976' - 980' , 1366' - 1368' , 1373' - 1380' . 16/30 - 150,547# - N2 - 12,756 hscf - 961 bbls 15# linear - 168 gals 15% HCl.</u>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>08/27/2011</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>75</u> Bbls H2O: <u>234</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>75</u> Bbls H2O: <u>234</u> GOR: <u>0</u>
Test Method: <u>Pumping</u>	Casing PSI: <u>32</u>	Tubing PSI: <u>0</u>	Choke Size: <u>16/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>COAL GAS</u>	BTU Gas: <u>1004</u>	API Gravity Oil: <u>0</u>
Tubing Size: <u>2 + 7/8</u>	Tubing Setting Depth: <u>1434</u>	Tbg setting date: <u>08/18/2011</u>	Packer Depth: <u>0</u>
Reason for Non-Production:			
<div></div>			
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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
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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
400204232	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)