

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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: RATON-VERMEJO COALS Status: PRODUCING
Treatment Date: 08/15/2011 Date of First Production this formation: 08/24/2011
Perforations Top: 817 Bottom: 1380 No. Holes: 96 Hole size: 0.48
Provide a brief summary of the formation treatment: Open Hole: [ ]
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.
This formation is commingled with another formation: [ ] Yes [X] No
Test Information:
Date: 08/27/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 75 Bbls H2O: 234
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 75 Bbls H2O: 234 GOR: 0
Test Method: Pumping Casing PSI: 32 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: 1434 Tbg setting date: 08/18/2011 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
400204232	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)