

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:

400205290

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
2. Name of Operator: PIONEER NATURAL RESOURCES USA INC
3. Address: 1401 17TH ST STE 1200
City: DENVER State: CO Zip: 80202
4. Contact Name: Judy Glinisty
Phone: (303) 675-2658
Fax: (303) 294-1275

5. API Number 05-071-08003-00
6. County: LAS ANIMAS
7. Well Name: CONQUEST
Well Number: 41-28
8. Location: QtrQtr: NENE Section: 28 Township: 32S Range: 66W Meridian: 6
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: RATON-VERMEJO COALS Status: PRODUCING

Treatment Date: 08/22/2011 Date of First Production this formation: 05/11/2004
Perforations Top: 497 Bottom: 1952 No. Holes: 432 Hole size: 0.48

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

Fraced additional intervals in the Raton formation at 497' - 500', 520' - 523', 538' - 540', 549' - 553', 572' - 576', 578' - 580', 591' - 593', 648' - 652', 661' - 665', 710' - 713', 819' - 822', 951' - 953', 965' - 967', 1101' - 1104', 1125' - 1127', 1132' - 1135', 1161' - 1168', 1173' - 1175', 1198' - 1202', 1204' - 1208', 1231' - 1234', 1245' - 1248', 1281' - 1284', 1305' - 1308', 1336' - 1338', 1348' - 1350', 1354' - 1357'. 16/30 - 434,895# - N2 - 36,066 hscf - 2,748 bbls 15# linear - 231 gals 15% HCl - 294 gals 7.5% HCl.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 09/03/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 101 Bbls H2O: 60
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 101 Bbls H2O: 60 GOR: 0
Test Method: Pumping Casing PSI: 0 Tubing PSI: 0 Choke Size: 17/64
Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 1004 API Gravity Oil: 0
Tubing Size: 2 + 7/8 Tubing Setting Depth: 1992 Tbg setting date: 08/29/2011 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
400205297	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)