

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



DE ET OE ES

Document Number:

400204216

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 05-071-09782-00
6. County: LAS ANIMAS
7. Well Name: Idrahaje
Well Number: 12-14
8. Location: QtrQtr: SWNW Section: 14 Township: 33S Range: 66W Meridian: 6
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: VERMEJO COAL		Status: PRODUCING	
Treatment Date: 08/14/2011		Date of First Production this formation: 08/18/2011	
Perforations	Top: 1420 Bottom: 1672	No. Holes: 80	Hole size: 0.48
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
Frased intervals at 1420' - 1423' , 1439' - 1441' , 1490' - 1493' , 1537' - 1540' , 1620' - 1623' , 1655' - 1659' , 1670' - 1672'. 16/30 - 120,613# - N2 - 12,342 hscf - 887 bbls 15# linear - 168 gals 7.5% HCl.			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: 09/03/2011	Hours: 24	Bbls oil: 0	Mcf Gas: 5 Bbls H2O: 342
Calculated 24 hour rate:		Bbls oil: 0	Mcf Gas: 5 Bbls H2O: 342 GOR: 0
Test Method: Pumping	Casing PSI: 5	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: 1739	Tbg setting date: 08/16/2011	Packer Depth: 0
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: 9/22/2011 Email: Judy.Glinisty@pxd.com

Attachment Check List

Att Doc Num	Name
400204216	FORM 5A SUBMITTED
400204217	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)