

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:

400215084

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 05-071-09846-00 6. County: LAS ANIMAS
7. Well Name: BETA Well Number: 14-10 TR
8. Location: QtrQtr: SWSW Section: 10 Township: 33S Range: 67W Meridian: 6
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: RATON COAL Status: PRODUCING

Treatment Date: 09/27/2011 Date of First Production this formation: 10/06/2011
Perforations Top: 534 Bottom: 1305 No. Holes: 200 Hole size: 0.48

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

Fraced intervals at 534' - 537', 542' - 549', 651' - 654', 669' - 671', 700' - 703', 723' - 726', 730' - 734', 766' - 769', 771' - 773', 795' - 800', 836' - 842', 852' - 854', 931' - 934', 989' - 992', 1302' - 1305'. 16/30 - 348,040# - N2 - 27,811 hscf - 2,176 bbls 15# linear - 336 gals 15% HCl - 210 gals 7.5% HCl.

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

Test Information:

Date: 10/08/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 75 Bbls H2O: 143
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 75 Bbls H2O: 143 GOR: 0
Test Method: Pumping Casing PSI: 45 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: 1346 Tbg setting date: 10/01/2011 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: 10/20/2011 Email Judy.Glinisty@pxd.com

Attachment Check List

Att Doc Num	Name
400215084	FORM 5A SUBMITTED
400215088	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)