

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:

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  
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 05-071-09820-00  
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 ☒ 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: 9/23/2011 Email: Judy.Glinisty@pxd.com

### Attachment Check List

Att Doc Num	Name
400204230	FORM 5A SUBMITTED
400204232	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

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

Total: 0 comment(s)