

**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:

400218964

## 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 05-071-09847-00

6. County: LAS ANIMAS

7. Well Name: TALON

Well Number: 34-25 TR

8. Location: QtrQtr: SWSE Section: 25 Township: 32S Range: 68W Meridian: 6

9. Field Name: PURGATOIRE RIVER Field Code: 70830

### Completed Interval

FORMATION: RATON COAL Status: PRODUCING

Treatment Date: 09/28/2011 Date of First Production this formation: 10/17/2011

Perforations	Top:	1178	Bottom:	1833	No. Holes:	232	Hole size:	0.48
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Provide a brief summary of the formation treatment: Open Hole: ☐

Fraced intervals at 1178' - 1181', 1195' - 1198', 1250' - 1254', 1289' - 1293', 1329' - 1332', 1402' - 1405', 1560' - 1563', 1601' - 1606', 1628' - 1634', 1651' - 1654', 1677' - 1681', 1737' - 1743', 1759' - 1762', 1783' - 1786', 1792' - 1794', 1830' - 1833'. 16/30 - 336.265# - N2 - 27,194 hscf - 2,906 bbls 15# linear - 84 gals 7.5% HCl.

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

**Test Information:**

Date:	10/19/2011	Hours:	24	Bbls oil:	0	Mcf Gas:	11	Bbls H2O:	0
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Calculated 24 hour rate:	Bbls oil:	0	Mcf Gas:	11	Bbls H2O:	0	GOR:	0
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Test Method: Pumping	Casing PSI: 45	Tubing PSI: 0	Choke Size: 16/64
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Gas Disposition:	SOLD	Gas Type:	COAL GAS	BTU Gas:	1004	API Gravity Oil:	0
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Tubing Size: 2 + 7/8      Tubing Setting Depth: 1930      Tbg setting date: 10/14/2011      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
400218965	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)