

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:  
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  
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 05-071-09847-00  
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

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

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 11 Bbls H2O: 0 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: 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**

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

Total: 0 comment(s)