

**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:

400244113

**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 05-071-09885-00 6. County: LAS ANIMAS  
7. Well Name: Hunter Well Number: 22-17  
8. Location: QtrQtr: SE/NW Section: 17 Township: 33S Range: 67W Meridian: 6  
9. Field Name: PURGATOIRE RIVER Field Code: 70830

**Completed Interval**FORMATION: VERMEJO COAL Status: PRODUCING

Treatment Date: 11/22/2011 Date of First Production this formation: 01/06/2012  
Perforations Top: 2021 Bottom: 2365 No. Holes: 104 Hole size: 0.48

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

Fraced intervals 2021' - 2024' , 2030' - 2035' , 2225' - 2228' , 2265' - 2267' , 2274' - 2276' , 2283' - 2285' , 2300' - 2302' , 2308' - 2312' , 2362' - 2365'. 16/30 - 119,931# - N2 - 19,319 hscf - 1,009 bbls .15 linear - 168 gals 15% HCl.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 01/09/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 146 Bbls H2O: 140  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 146 Bbls H2O: 140 GOR: 0  
Test Method: Pumping Casing PSI: 43 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: 2406 Tbg setting date: 11/29/2011 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 GlinistyTitle: 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
400244126	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)