

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with columns 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
City: DENVER State: CO Zip: 80202
Fax: (303) 294-1275

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 [X] 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 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
400244126	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)