

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



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Document Number:

400240115

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 05-071-08173-00 6. County: LAS ANIMAS
7. Well Name: FLAT SPOT Well Number: 33-2
8. Location: QtrQtr: NWSE Section: 2 Township: 32S Range: 66W Meridian: 6
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: RATON-VERMEJO COALS Status: PRODUCING

Treatment Date: _____ Date of First Production this formation: 01/02/2012
Perforations Top: 807 Bottom: 2117 No. Holes: 356 Hole size: 0.48

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

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

Test Information:

Date: 01/04/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 59 Bbls H2O: 142
Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 59 Bbls H2O: 142 GOR: 0
Test Method: Pumping Casing PSI: 15 Tubing PSI: 0 Choke Size: 64/64
Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 1004 API Gravity Oil: 0
Tubing Size: 2 + 7/8 Tubing Setting Depth: 2202 Tbg setting date: 12/28/2011 Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: RATON COAL Status: COMMINGLED

Treatment Date: 12/09/2011 Date of First Production this formation: 01/02/2012

Perforations Top: 807 Bottom: 1682 No. Holes: 296 Hole size: 0.48

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

Fraced 807' - 812', 934' - 939', 945' - 947', 969' - 972', 1126' - 1129', 1135' - 1137', 1153' - 1156', 1179' - 1182', 1218' - 1222', 1226' - 1228', 1231' - 1234', 1241' - 1243', 1258' - 1260', 1263' - 1265', 1276' - 1278', 1318' - 1321', 1452' - 1454', 1458' - 1460', 1466' - 1468', 1490' - 1495', 1508' - 1510', 1527' - 1530', 1597' - 1600', 1649' - 1652', 1657' - 1660', 1679' - 1682'. 16/30 - 346,541# - N2 - 28,526 hscf - 2,482 bbls 15# linear - 252 gals 15% HCl - 42 gals 7.5% HCl.

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

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: VENTED Gas Type: COAL GAS BTU Gas: _____ API Gravity Oil: _____

Tubing Size: 2 + 7/8 Tubing Setting Depth: 2202 Tbg setting date: 12/28/2011 Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: VERMEJO COAL Status: COMMINGLED

Treatment Date: 10/12/2005 Date of First Production this formation: 01/02/2012

Perforations Top: 2050 Bottom: 2117 No. Holes: 60 Hole size: 0.48

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

20/40 - 102,440# - N2 - 1,077,900 SCF - 643 bbls 70% foam - 420 gals 7.5% HCl - 126 gals 15% HCl.

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

Test Information:

Date: 10/27/2005 Hours: 24 Bbls oil: 0 Mcf Gas: 159 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 159 Bbls H2O: 0 GOR: 0

Test Method: Pumping Casing PSI: 31 Tubing PSI: 0 Choke Size: 64/64

Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 1004 API Gravity Oil: 0

Tubing Size: 2 + 7/8 Tubing Setting Depth: 2135 Tbg setting date: 10/21/2005 Packer Depth: _____

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
400240131	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)