

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:

400250062

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 05-071-09856-00  
6. County: LAS ANIMAS  
7. Well Name: LARISSA  
Well Number: 32-35  
8. Location: QtrQtr: SWNE Section: 35 Township: 32S Range: 68W Meridian: 6  
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: VERMEJO COAL Status: PRODUCING

Treatment Date: 12/30/2011 Date of First Production this formation: 02/04/2012  
Perforations Top: 2180 Bottom: 2482 No. Holes: 108 Hole size: 0.48

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

Fraced intervals at 2180' - 2183', 2223' - 2227', 2297' - 2300', 2395' - 2401', 2456' - 2460', 2475' - 2482'. 16/30 - 132,173# - N2 - 15,240 hscf - 1,266 bbls 15# linear - 168 gals 15% HCl - 231 gals 7.5% HCl.

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

Test Information:

Date: 02/06/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 39 Bbls H2O: 90  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 39 Bbls H2O: 90 GOR: 0  
Test Method: Pumping Casing PSI: 120 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: 2502 Tbg setting date: 01/31/2012 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
400250068	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)