

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:
400253488

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 05-071-09804-00
6. County: LAS ANIMAS
7. Well Name: Bilbo Federal Well Number: 11-24
8. Location: QtrQtr: NWNW Section: 24 Township: 32S Range: 66W Meridian: 6
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: RATON-VERMEJO COALS Status: SHUT IN

Treatment Date: 12/15/2011 Date of First Production this formation: _____
Perforations Top: 956 Bottom: 2206 No. Holes: 480 Hole size: 0.48

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

Fraced intervals at 956' - 962', 1054' - 1058', 1096' - 1101', 1167' - 1174', 1406' - 1409', 1420' - 1423', 1448' - 1452', 1464' - 1469', 1503' - 1507', 1590' - 1596', 1660' - 1666', 1844' - 1848', 1874' - 1878', 1900' - 1904', 2093' - 2096', 2100' - 2104', 2161' - 2163' - 2166' - 2169', 2173' - 2177', 2201' - 2206'. 16/30 - 360,384# - N2 - 29,272 hscf - 2,618 bbls 15# linear - 242 gals 15% 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: N/A Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____
Tubing Size: 2 + 7/8 Tubing Setting Depth: 2250 Tbg setting date: 01/02/2012 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
400253490	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)