

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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 05-071-09335-00 6. County: LAS ANIMAS 7. Well Name: SCARECROW Well Number: 22-2 8. Location: QtrQtr: SENW Section: 2 Township: 32S Range: 67W Meridian: 6 9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: RATON-VERMEJO COALS Status: TEMPORARILY ABANDONED Treatment Type:

Treatment Date: End Date: Date of First Production this formation:

Perforations Top: 2760 Bottom: 3153 No. Holes: 128 Hole size: 0.48

Provide a brief summary of the formation treatment: Open Hole: []

-- TO TEMPORARILY ABANDON VERMEJO FORMATION ---

This formation is commingled with another formation: [X] Yes [] No

Total fluid used in treatment (bbl): Max pressure during treatment (psi):

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment: Min frac gradient (psi/ft):

Total acid used in treatment (bbl): Number of staged intervals:

Recycled water used in treatment (bbl): Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): Disposition method for flowback:

Total proppant used (lbs): Rule 805 green completion techniques were utilized: []

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:

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

Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:

Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production: BRIDGE PLUG SET AT 2750'

Date formation Abandoned: 11/29/2012 Squeeze: [] Yes [X] No If yes, number of sacks cmt

** Bridge Plug Depth: 2750 ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

FORMATION: RATON SAND Status: PRODUCING Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: 12/04/2012

Perforations Top: 2700 Bottom: 2710 No. Holes: 52 Hole size: 0.48

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

--- NOT FRACED --- Perforated intervals 2700' - 2710' , 2716' - 2719'.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 80 Max pressure during treatment (psi): 1826

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____

Total acid used in treatment (bbl): 15 Number of staged intervals: _____

Recycled water used in treatment (bbl): 65 Flowback volume recovered (bbl): 25

Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____

Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 12/05/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 35

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 35 GOR: 0

Test Method: Pumping Casing PSI: 26 Tubing PSI: 0 Choke Size: 64/64

Gas Disposition: _____ Gas Type: _____ Btu Gas: 0 API Gravity Oil: 0

Tubing Size: 2 + 7/8 Tubing Setting Depth: 2730 Tbg setting date: 12/03/2012 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: _____ ** Wireline and Cement Job Summary must be attached.

Comment:
THIS IS A REVISED FORM 5A (FROM DOCUMENT NUMBER 400372325) TO CORRECT THE RATON-VERMEJO COAL FORMATION STATUS FROM "ABANDONED WELLBORE/COMPLETION" TO "TEMPORARILY ABANDONED".

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 Staff Engineering Tech Date: 1/24/2013 Email Judy.Glinisty@pxd.com

Attachment Check List

Att Doc Num	Name
400374376	FORM 5A SUBMITTED
400374399	WIRELINE JOB SUMMARY
400374400	WELLBORE DIAGRAM

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)