

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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Date Received:

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 05-071-07019-00 6. County: LAS ANIMAS
7. Well Name: PACHOREK Well Number: 13-31 TR
8. Location: QtrQtr: NWSW Section: 31 Township: 32S Range: 66W Meridian: 6
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: RATON SAND Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 09/12/2000 End Date: 09/12/2000 Date of First Production this formation: 09/20/2000

Perforations Top: 1380 Bottom: 1678 No. Holes: 0 Hole size:

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

--- REVISED TO CORRECT FORMATION FROM RATON COAL TO RATON SAND --- SEE COMMENTS BELOW

This formation is commingled with another formation: [] Yes [X] 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: 10/15/2000 Hours: 24 Bbl oil: 0 Mcf Gas: 5 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 5 Bbl H2O: 0 GOR: 0
Test Method: Pumping Casing PSI: 200 Tubing PSI: 0 Choke Size: 18/64
Gas Disposition: SOLD Gas Type: SHALE Btu Gas: 1004 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 1412 Tbg setting date: 09/15/2000 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:

REVISED FORM 5A FROM ORIGINAL FORM 5A SUBMITTED ON 10-30-2000 TO CORRECT FORMATION. AT THE TIME THE ORIGINAL FORM 5A WAS SUBMITTED, COGCC DID NOT HAVE THE RATON SAND DEVELOPED FOR REPORTING AND REQUESTED REPORTS BE SUBMITTED AS COAL. IN NOVEMBER OF 2002, THE COGCC ESTABLISHED THE RATON AND VERMEJO SANDS AS A FORMATION. THIS FORM IS SUBMITTED TO ACCURATELY DEFINE THE PRODUCTION REPORTING FOR THIS WELL.

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: _____ Email: Judy.Glinisty@pxd.com

Attachment Check List

| Att Doc Num | Name |
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Total Attach: 0 Files

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