

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400393393 Date Received: 03/20/2013

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 05-071-09201-00 6. County: LAS ANIMAS 7. Well Name: COSWORTH FEDERAL Well Number: 31-23 8. Location: QtrQtr: NWNE Section: 23 Township: 32S Range: 66W Meridian: 6 9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: VERMEJO COAL Status: TEMPORARILY ABANDONED Treatment Type:

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

Perforations Top: 2005 Bottom: 2236 No. Holes: 40 Hole size:

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

--- TO TEMPORARILY ABANDON VIA CEMENT RETAINER DESCRIBED 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: 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: CEMENT RETAINER SET AT 1980'

Date formation Abandoned: 02/26/2013 Squeeze: [ ] Yes [X] No If yes, number of sacks cmt

\*\* Bridge Plug Depth: 1980 \*\* Sacks cement on top: \*\* Wireline and Cement Job Summary must be attached.

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 Staff Engineering Tech Date: 3/20/2013 Email Judy.Glinisty@pxd.com  
:

**Attachment Check List**

Att Doc Num	Name
400393393	FORM 5A SUBMITTED
400393394	WIRELINE JOB SUMMARY
400393395	OTHER
400393396	OTHER

Total Attach: 4 Files

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Engineer	NOTE: FORM 5A DOC # 1838408 SUBMITTED 10/10/2007 WAS APPROVED. DATA ENTERED VERSION WAS ASSIGNED TO WRONG API (071-08201) AND LOST. SCAN OF APPROVED FORM DID MAKE IT TO CORRECT API (071-09201).	3/21/2013 8:00:05 AM

Total: 1 comment(s)