

FORM 5A

Rev 06/12

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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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 Fax: (303) 294-1275
 City: DENVER State: CO Zip: 80202

5. API Number 05-071-09367-00 6. County: LAS ANIMAS
 7. Well Name: KEY LARGO Well Number: 41-30
 8. Location: QtrQtr: NENE Section: 30 Township: 32S Range: 67W Meridian: 6
 9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: RATON-VERMEJO COALS Status: PRODUCING Treatment Type: _____
 Treatment Date: _____ End Date: _____ Date of First Production this formation: 10/01/2007
 Perforations Top: 966 Bottom: 2732 No. Holes: 396 Hole size: 0.48
 Provide a brief summary of the formation treatment: _____ Open Hole:
 This formation is commingled with another formation: 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: 10/20/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 34 Bbl H2O: 36
 Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: 34 Bbl H2O: 36 GOR: 0
 Test Method: Pumping Casing PSI: 86 Tubing PSI: 0 Choke Size: 64/64
 Gas Disposition: SOLD Gas Type: COAL GAS Btu Gas: 1004 API Gravity Oil: 0
 Tubing Size: 2 + 7/8 Tubing Setting Depth: 2780 Tbg setting date: 10/17/2013 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.

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

Treatment Date: 10/08/2013 End Date: 10/10/2013 Date of First Production this formation: 10/01/2007
Perforations Top: 966 Bottom: 2200 No. Holes: 296 Hole size: 0.48

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

Fraced intervals at 966' - 970' , 1206' - 1212' , 1250' - 1254' , 1349' - 1361' , 1374' - 1379' , 1572' - 1577' , 1583' - 1586' , 1648' - 1658' , 1677' - 1683' , 1719' - 1722' , 1753' - 1759' , 1885' - 1889'. 16/30 - 474,189# - N2 - 3,495,215 hscf - no acid.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 2214 Max pressure during treatment (psi): 4700

Total gas used in treatment (mcf): 213495 Fluid density at initial fracture (lbs/gal): 8.35

Type of gas used in treatment: NITROGEN Min frac gradient (psi/ft): 0.64

Total acid used in treatment (bbl): 0 Number of staged intervals: 11

Recycled water used in treatment (bbl): 2214 Flowback volume recovered (bbl): 532

Fresh water used in treatment (bbl): 0 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 474189 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 10/20/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 34 Bbl H2O: 36

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 34 Bbl H2O: 36 GOR: 0

Test Method: Pumping Casing PSI: 86 Tubing PSI: 0 Choke Size: 64/64

Gas Disposition: SOLD Gas Type: COAL GAS Btu Gas: 1004 API Gravity Oil: 0

Tubing Size: 2 + 7/8 Tubing Setting Depth: 2780 Tbg setting date: 10/17/2013 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: _____ ** 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: Lead Engineering Tech Date: _____ Email Judy.Glinisty@pxd.com

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)