

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
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 05-071-08245-00
6. County: LAS ANIMAS
7. Well Name: SUGAR BUSH
Well Number: 22-13
8. Location: QtrQtr: SENW Section: 13 Township: 32S Range: 68W 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: 11/10/2013
Perforations Top: 1389 Bottom: 3120 No. Holes: 340 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: 11/12/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 64 Bbl H2O: 15
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 64 Bbl H2O: 15 GOR: 0
Test Method: Pumping Casing PSI: 26 Tubing PSI: 0 Choke Size: 64/64
Gas Disposition: SOLD Gas Type: COAL GAS Btu Gas: 1005 API Gravity Oil: 0
Tubing Size: 2 + 7/8 Tubing Setting Depth: 3033 Tbg setting date: 11/08/2013 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.

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

Treatment Date: 10/28/2013 End Date: 10/30/2013 Date of First Production this formation: 11/10/2013
Perforations Top: 1389 Bottom: 2525 No. Holes: 256 Hole size: 0.48

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

Fraced intervals at 1389' - 1393' , 1560' - 1564' , 1586' - 1589' , 1683' - 1689' , 1703' - 1710' , 1712' - 1715' , 1987' - 1993' , 2076' - 2079' , 2086' - 2089' , 2093' - 2096' , 2108' - 2113' , 2137' - 2140' , 2147' - 2150' , 2208' - 2211' , 2214' - 2217' , 2223' - 2226' , 2522' - 2525' .
16/30 - 369,283# - N2 - 2,086,205 hscf - 1545 25# foam - no acid

This formation is commingled with another formation: Yes No
Total fluid used in treatment (bbl): 1545 Max pressure during treatment (psi): 4555
Total gas used in treatment (mcf): 208620 Fluid density at initial fracture (lbs/gal): 8.35
Type of gas used in treatment: NITROGEN Min frac gradient (psi/ft): 0.61
Total acid used in treatment (bbl): 0 Number of staged intervals: 11
Recycled water used in treatment (bbl): 1545 Flowback volume recovered (bbl): 530
Fresh water used in treatment (bbl): 0 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 369283 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: 2 + 7/8 Tubing Setting Depth: 3033 Tbg setting date: 11/08/2013 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.

FORMATION: VERMEJO COAL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/28/2005 End Date: 02/28/2005 Date of First Production this formation: 11/10/2013
Perforations Top: 2888 Bottom: 3120 No. Holes: 84 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: 03/08/2005 Hours: 24 Bbl oil: 0 Mcf Gas: 3 Bbl H2O: 50
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 3 Bbl H2O: 50 GOR: 0
Test Method: Pumping Casing PSI: 60 Tubing PSI: 0 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: COAL GAS Btu Gas: 1005 API Gravity Oil: 0
Tubing Size: 2 + 7/8 Tubing Setting Depth: 3137 Tbg setting date: 03/05/2005 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)