

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



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 Email: Judy.Glinisty@pxd.com

5. API Number 05-071-06697-00 6. County: LAS ANIMAS
7. Well Name: GREGG CANYON Well Number: 31-13
8. Location: QtrQtr: NWNE Section: 13 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: 1825 Bottom: 1954 No. Holes: 136 Hole size: 0.48

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

--- TO TEMPORARILY ABANDON VIA CEMENT RETAINER AS DETAILED 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

Date formation Abandoned: 01/27/2014 Squeeze: [] Yes [X] No If yes, number of sacks cmt

** Bridge Plug Depth: 1795 ** 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

<u>Att Doc Num</u>	<u>Name</u>
400556351	WIRELINE JOB SUMMARY
400556353	OTHER
400556354	OTHER
400556357	WELLBORE DIAGRAM

Total Attach: 4 Files

General Comments

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

Total: 0 comment(s)