

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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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 Email: Judy.Glinisty@pxd.com

5. API Number 05-071-09086-00
6. County: LAS ANIMAS
7. Well Name: MISSISSIPPI GIRL Well Number: 31-18
8. Location: QtrQtr: NWNE Section: 18 Township: 32S Range: 65W 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: 06/19/2014
Perforations Top: 702 Bottom: 1909 No. Holes: 336 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: 06/23/2014 Hours: 24 Bbl oil: 0 Mcf Gas: 38 Bbl H2O: 168
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 38 Bbl H2O: 168 GOR: 0
Test Method: Pumping Casing PSI: 17 Tubing PSI: 0 Choke Size: 64/64
Gas Disposition: SOLD Gas Type: COAL GAS Btu Gas: 1003 API Gravity Oil: 0
Tubing Size: 2 + 7/8 Tubing Setting Depth: 2014 Tbg setting date: 06/19/2014 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: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 06/10/2014 End Date: 06/11/2014 Date of First Production this formation: 06/19/2014

Perforations Top: 702 Bottom: 1428 No. Holes: 264 Hole size: 0.48

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

Fraced intervals at 702' - 713' , 724' - 727' , 758' - 761' , 800' - 803' , 815' - 818' , 837' - 840' , 880' - 883' , 929' - 933' , 982' - 985' , 991' - 994' , 1024' - 1027' , 1034' - 1037' , 1064' - 1067' , 1215' - 1218' , 1222' - 1225' , 1340' - 1343' , 1350' - 1353' , 1392' - 1395' , 1425' - 1428'.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 1771 Max pressure during treatment (psi): 4365

Total gas used in treatment (mcf): 2030 Fluid density at initial fracture (lbs/gal): 8.35

Type of gas used in treatment: NITROGEN Min frac gradient (psi/ft): 0.80

Total acid used in treatment (bbl): 1 Number of staged intervals: 14

Recycled water used in treatment (bbl): 1771 Flowback volume recovered (bbl): 0

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

Total proppant used (lbs): 287379 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: 2014 Tbg setting date: 06/19/2014 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: 06/13/2008 End Date: 06/13/2008 Date of First Production this formation: 06/14/2008
Perforations Top: 1778 Bottom: 1909 No. Holes: 72 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: 06/22/2008 Hours: 24 Bbl oil: 0 Mcf Gas: 71 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 71 Bbl H2O: 0 GOR: 0
Test Method: Pumping Casing PSI: 91 Tubing PSI: 0 Choke Size: _____
Gas Disposition: SOLD Gas Type: COAL GAS Btu Gas: 1003 API Gravity Oil: 0
Tubing Size: 2 + 7/8 Tubing Setting Depth: 1962 Tbg setting date: 06/17/2008 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: 7/10/2014 Email: Judy.Glinisty@pxd.com

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400642573	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)