

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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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 05-071-08328-00 6. County: LAS ANIMAS 7. Well Name: PLOWLAND Well Number: 44-32 8. Location: QtrQtr: SESE Section: 32 Township: 31S 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: 06/23/2014 Perforations Top: 585 Bottom: 1499 No. Holes: 204 Hole size: 0.48 Provide a brief summary of the formation treatment: Open Hole: This formation is commingled with another formation: 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: 06/25/2014 Hours: 24 Bbl oil: 0 Mcf Gas: 17 Bbl H2O: 113 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 17 Bbl H2O: 113 GOR: Test Method: Pumping Casing PSI: 7 Tubing PSI: 0 Choke Size: 16/64 Gas Disposition: SOLD Gas Type: COAL GAS Btu Gas: 1004 API Gravity Oil: 0 Tubing Size: 2 + 7/8 Tubing Setting Depth: 1544 Tbg setting date: 06/21/2014 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: RATON COAL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 06/12/2014 End Date: 06/12/2014 Date of First Production this formation: 06/23/2014
Perforations Top: 585 Bottom: 1177 No. Holes: 180 Hole size: 0.48

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

Fraced intervals at 585' - 587' , 599' - 601' , 696' - 704' , 731' - 739' , 780' - 783' , 804' - 807' , 823' - 826' , 860' - 862' , 872' - 874' , 936' - 939' , 1019' - 1022' , 1171' - 1177'.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 1244 Max pressure during treatment (psi): 3986

Total gas used in treatment (mcf): 1215 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: 10

Recycled water used in treatment (bbl): 1244 Flowback volume recovered (bbl): 0

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

Total proppant used (lbs): 216179 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: 1544 Tbg setting date: 06/21/2014 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: 06/01/2005 End Date: 06/01/2005 Date of First Production this formation: 06/15/2005
Perforations Top: 1493 Bottom: 1499 No. Holes: 24 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: 06/15/2005 Hours: 24 Bbl oil: 0 Mcf Gas: 51 Bbl H2O: 312

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 51 Bbl H2O: 312 GOR: 0

Test Method: Pumping Casing PSI: 40 Tubing PSI: 0 Choke Size: 16/64

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

Tubing Size: 2 + 7/8 Tubing Setting Depth: 1520 Tbg setting date: 06/05/2005 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: 7/21/2014 Email: Judy.Glinisty@pxd.com

Attachment Check List

Att Doc Num	Name
400647564	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)