

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 05-071-06942-00 6. County: LAS ANIMAS 7. Well Name: DRY CANYON Well Number: 21-26 8. Location: QtrQtr: NENW Section: 26 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: 08/29/2000 Perforations Top: 712 Bottom: 2375 No. Holes: 316 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: 07/13/2014 Hours: 24 Bbl oil: 0 Mcf Gas: 22 Bbl H2O: 4 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 22 Bbl H2O: 4 GOR: 0 Test Method: Pumping Casing PSI: 44 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: 2544 Tbg setting date: 07/09/2014 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: 06/30/2014 End Date: 07/02/2014 Date of First Production this formation: 02/06/2001
Perforations Top: 712 Bottom: 1975 No. Holes: 268 Hole size: 0.48

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

Fraced additional Raton intervals 712' - 715', 757' - 763', 774' - 777', 1159' - 1164', 1299' - 1302', 1423' - 1426', 1459' - 1462', 1537' - 1542', 1596' - 1601', 1636' - 1639', 1645' - 1648', 1956' - 1959', 1972' - 1975'.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 1700 Max pressure during treatment (psi): 4672

Total gas used in treatment (mcf): 1438 Fluid density at initial fracture (lbs/gal): 8.35

Type of gas used in treatment: NITROGEN Min frac gradient (psi/ft): 0.62

Total acid used in treatment (bbl): 8 Number of staged intervals: 10

Recycled water used in treatment (bbl): 1700 Flowback volume recovered (bbl): 0

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

Total proppant used (lbs): 248159 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: 2544 Tbg setting date: 07/09/2014 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: 08/22/2000 End Date: 08/22/2000 Date of First Production this formation: 08/29/2000
Perforations Top: 2191 Bottom: 2375 No. Holes: 48 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: 10/01/2000 Hours: 24 Bbl oil: 0 Mcf Gas: 47 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 47 Bbl H2O: 0 GOR: 0
Test Method: Pumping Casing PSI: 23 Tubing PSI: 0 Choke Size: 22/64
Gas Disposition: SOLD Gas Type: COAL GAS Btu Gas: 1004 API Gravity Oil: 0
Tubing Size: 2 + 7/8 Tubing Setting Depth: 2367 Tbg setting date: 10/01/2000 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: 8/20/2014 Email: Judy.Glinisty@pxd.com

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400668426	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)