

**FORM
5A**Rev
02/08State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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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.

Document Number:

2505188

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 Fax: (303) 294-1275
City: DENVER State: CO Zip: 80202

5. API Number 05-071-08406-00 6. County: LAS ANIMAS
7. Well Name: WHINNY Well Number: 42-2
8. Location: QtrQtr: SENE Section: 2 Township: 33S Range: 67W Meridian: 6
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed IntervalFORMATION: RATON COAL Status: PRODUCINGTreatment Date: 06/24/2010 Date of First Production this formation: 07/01/2010Perforations Top: 582 Bottom: 1712 No. Holes: 216 Hole size: 48/100Provide a brief summary of the formation treatment: Open Hole: ☐

FRACED INTERVALS IN NEW RATON FORMATION: 582'-584', 606'-607', 640'-643', 647'-649', 655'-657', 765'-769', 790'-793', 836'-838', 846'-848', 861'-863', 867'-868', 937'-939', 1021'-1024', 1049'-1051', 1065'-1067', 1308'-1310', 1331'-1333', 1338'-1340', 1342'-1345', 1384'-1387', 1413'-1415', 1456'-1459', 1460'-1461', 1709'-1712'. 16/30 - 208,000# N2 - 2,928,469 SCF - 2,120 BBLS 70% FOAM - 126 GALS 15%HCL - 168 GALS 7.5% HCL.

This formation is commingled with another formation: ☒ Yes ☐ No**Test Information:**Date: 07/04/2010 Hours: 24 Bbls oil: Mcf Gas: 70 Bbls H2O: 158Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 70 Bbls H2O: 158 GOR: 0Test Method: PUMPING Casing PSI: 64 Tubing PSI: Choke Size: 16/64Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 1004 API Gravity Oil: 0Tubing Size: 2 + 7/8 Tubing Setting Depth: 2295 Tbg setting date: 06/30/2010 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:

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: ENGINEERING

Date: 7/16/2010

Email JUDY.GLINISTY@PXD.COM

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Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: David S. Neslin

Director of COGCC

Date: 2/21/2011

Attachment Check List

Att Doc Num	Name
2505188	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)