

FORM  
5A  
Rev  
02/08

State of Colorado  
Oil and Gas Conservation Commission

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:  
2505188

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 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 Interval

FORMATION: RATON COAL Status: PRODUCING  
 Treatment Date: 06/24/2010 Date of First Production this formation: 07/01/2010  
 Perforations Top: 582 Bottom: 1712 No. Holes: 216 Hole size: 48/100  
 Provide 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: 0 Mcf Gas: 70 Bbls H2O: 158  
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 70 Bbls H2O: 158 GOR: 0  
 Test Method: PUMPING Casing PSI: 64 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: 2295 Tbg setting date: 06/30/2010 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: \_\_\_\_\_

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

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**

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