

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:

2511182

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

5. API Number 05-071-08177-00  
6. County: LAS ANIMAS  
7. Well Name: BEARLY  
Well Number: 24-29  
8. Location: QtrQtr: SESW Section: 29 Township: 32S Range: 66W Meridian: 6  
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: RATON COAL Status: PRODUCING  
Treatment Date: 07/16/2010 Date of First Production this formation: 07/28/2010  
Perforations Top: 624 Bottom: 1588 No. Holes: 216 Hole size: 48/100  
Provide a brief summary of the formation treatment: Open Hole:   
FRACED NEW RATON FORMATION INTERVAL: 624'-626', 641'-643', 705'-709', 720'-725', 754'-756', 867'-868', 878'-880', 882'-884', 886'-887', 960'-962'. 1058'-1060', 1062'-1064', 1074'-1075', 1076'-1078', 1142'-1144', 1364'-1368', 1380'-1382', 1405'-1408', 1414'-1416', 1452'-1454', 1456'-1458', 1545'-1547', 1575'-1577', 1586'-1588'. 16/30-2,192,783# - N2-3,971,924 SCF - 2,170 BBLs 70% FOAM - 336 GALS 15% HCL.  
This formation is commingled with another formation:  Yes  No  
Test Information:  
Date: 07/29/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 14  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 14 GOR: 0  
Test Method: PUMPING Casing PSI: 0 Tubing PSI: Choke Size: 64/64  
Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 1004 API Gravity Oil: 0  
Tubing Size: 2 + 7/8 Tubing Setting Depth: 2360 Tbg setting date: 07/29/2010 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: 7/30/2010 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
2511182	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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