

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
----	----	----	----

Document Number:

2511182

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 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 05-071-08177-00 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: <u>RATON COAL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>07/16/2010</u>	Date of First Production this formation: <u>07/28/2010</u>
Perforations Top: <u>624</u> Bottom: <u>1588</u>	No. Holes: <u>216</u> Hole size: <u>48/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
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: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:	
Date: <u>07/29/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>0</u> Bbls H2O: <u>14</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>0</u> Bbls H2O: <u>14</u> GOR: <u>0</u>	
Test Method: <u>PUMPING</u> Casing PSI: <u>0</u> Tubing PSI: <u> </u> Choke Size: <u>64/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>COAL GAS</u> BTU Gas: <u>1004</u> API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 7/8</u> Tubing Setting Depth: <u>2360</u> Tbg setting date: <u>07/29/2010</u> Packer Depth: <u> </u>	
Reason for Non-Production: <div></div>	
Date formation Abandoned: <u> </u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u> </u>	
Bridge Plug Depth: <u> </u> Sacks cement on top: <u> </u>	

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

User Group

Comment

Comment Date

--	--	--

Total: 0 comment(s)