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

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Document Number:

2511184

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) 675658
Fax: (303) 2941275

5. API Number 05-071-08757-00
6. County: LAS ANIMAS
7. Well Name: TRINITY
Well Number: 33-13
8. Location: QtrQtr: NWSE Section: 13 Township: 32S Range: 68W Meridian: 6
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: RATON SAND - VERMEJO COAL Status: PRODUCING

Treatment Date: 07/14/2010 Date of First Production this formation: 07/09/2006

Perforations Top: 1394 Bottom: 3118 No. Holes: 316 Hole size: 48/100

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

FRACED ADDITIONAL INTERVALS IN RATON. 1394-1396, 1410-1412, 1557-1559, 1574-1577,1576-1578, 1602-1605, 1639-1642, 1685-1692, 1891-1893, 1903-1905, 1909-1911, 1964-1969, 2050-2054, 2067-2069;
16/30-301,346#-N2-1941,067 SCF - 1586BBLS 70% FOAM -NO HCI

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 07/17/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 5

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 5 GOR: 0

Test Method: PUMPING Casing PSI: 12 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: 3178 Tbg setting date: 07/27/2010 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: SR. ENGINEERING TECH 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
2511184	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)