

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:

2511522

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 05-071-07100-00

6. County: LAS ANIMAS

7. Well Name: CONDOR

Well Number: 14-23

8. Location: QtrQtr: SWSW Section: 23 Township: 32S Range: 66W Meridian: 6

9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

[illegible]

Treatment Date:	07/22/2010	Date of First Production this formation:	07/30/2010
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Perforations	Top:	821	Bottom:	1558	No. Holes:	128	Hole size:	48/100
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Provide a brief summary of the formation treatment: Open Hole: ☐

FRACED NEW RATON FORMATION, 821'-824',969'-972',1051'-1054',1079'-1082',1260'-1266',1281'-1285',1314'-1316',1337'-1341',1554'-1558'. 16/30-199,100#-N2-2,421,400 SCF-1,394 BBLS 70% FOAM-42 GALS 15% HCI

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

Test Information:

Date:	08/01/2010	Hours:	24	Bbls oil:	0	Mcf Gas:	100	Bbls H2O:	221
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Calculated 24 hour rate:	Bbls oil:	0	Mcf Gas:	100	Bbls H2O:	221	GOR:	0
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Test Method: PUMPING	Casing PSI: 62	Tubing PSI:	Choke Size: 16/64
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Gas Disposition:	SOLD	Gas Type:	COAL GAS	BTU Gas:	988	API Gravity Oil:	0
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Tubing Size: 2 + 7/8 Tubing Setting Depth: 2001 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: SR ENGINEERING TECH Date: 8/6/2010 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: 2/22/2011

Attachment Check List

Att Doc Num	Name
2511522	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)