

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:

2511860

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 05-071-07027-00

6. County: LAS ANIMAS

7. Well Name: HEYDEN

Well Number: 11-22

8. Location: QtrQtr: NWNW Section: 22 Township: 32S Range: 66W Meridian: 6

9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: RATON COAL

Treatment Date:	07/26/2010	Date of First Production this formation:	08/06/2010
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Perforations	Top:	763	Bottom:	1648	No. Holes:	248	Hole size:	48/100
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Provide a brief summary of the formation treatment: Open Hole: ☐

FRACED NEW RATON FORMATION. 763'-768', 780'-783', 807'-810', 833'-840', 859'-866', 932'-935', 937'-940', 1070'-1074', 1295'-1298', 1354'-1357', 1454'-1457' 1511'-1514', 1544'-1547', 1639'-1648'. 16/30 - 392,350# - N2 - 4,170,800 SCF - 2,178 BBLD 70% FOAM - NO HCL

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

Test Information:

Date:	08/07/2010	Hours:	24	Bbls oil:	0	Mcf Gas:	62	Bbls H2O:	0
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Calculated 24 hour rate:	Bbls oil:	0	Mcf Gas:	62	Bbls H2O:	0	GOR:	0
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Test Method: PUMPING	Casing PSI: 57	Tubing PSI:	Choke Size: 12/64
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Gas Disposition:	SOLD	Gas Type:	COAL GAS	BTU Gas:	1004	API Gravity Oil:	0
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Tubing Size: 2 + 7/8 Tubing Setting Depth: 2200 Tbg setting date: 08/06/2010 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: 8/13/2010 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: 2/23/2011

Attachment Check List

Att Doc Num	Name
2511860	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)