

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:

2511861

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 05-071-08171-00 6. County: LAS ANIMAS
7. Well Name: Montoya Well Number: 22-1V
8. Location: QtrQtr: SENW Section: 1 Township: 33S Range: 68W Meridian: 6
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: VERMEJO COAL Status: PRODUCING
Treatment Date: 08/13/2010 Date of First Production this formation: 07/02/2005
Perforations Top: 2063 Bottom: 2257 No. Holes: 72 Hole size: 48/100
Provide a brief summary of the formation treatment: Open Hole: ☐
TO ABANDON ONE INTERVAL AT 2317'-2320'.
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 08/06/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 11 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 11 Bbls H2O: 0 GOR: 0
Test Method: PUMPING Casing PSI: 11 Tubing PSI: Choke Size: 0
Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 1002 API Gravity Oil: 0
Tubing Size: 2 + 7/8 Tubing Setting Depth: 2418 Tbg setting date: 08/08/2010 Packer Depth:
Reason for Non-Production:

Date formation Abandoned: 08/09/2010 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt
Bridge Plug Depth: 2310 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 G. Neslin
Director of COGCC

Date: 2/23/2011

Attachment Check List

Att Doc Num	Name
2511861	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)