

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

400139852

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) 675-2658
Fax: (303) 294-1275

5. API Number 05-071-08778-00
6. County: LAS ANIMAS
7. Well Name: CUDA
Well Number: 31-4
8. Location: QtrQtr: NWNE Section: 4 Township: 33S Range: 66W Meridian: 6
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: RATON COAL Status: PRODUCING
Treatment Date: 02/21/2011 Date of First Production this formation: 03/04/2011
Perforations Top: 753 Bottom: 1523 No. Holes: 116 Hole size: 0.48
Provide a brief summary of the formation treatment: Open Hole: []
Fraced intervals at 753'-755, 769'-771', 871'-873', 881'-883', 907'-909', 911'-913', 1026'-1029', 1031'-1033', 1061'-1063', 1084'-1086', 1153' - 1155', 1349'-1351', 1434'-1436', 1521'-1523'. 16/30 - 193,105# - N2 - 2,337,687 SCF - 1,326 bbls 70% foam - no HCl
This formation is commingled with another formation: [X] Yes [] No
Test Information:
Date: 03/04/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 27 Bbls H2O: 6
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 27 Bbls H2O: 6 GOR: 0
Test Method: Pumping Casing PSI: 68 Tubing PSI: 0 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 1004 API Gravity Oil: 0
Tubing Size: 2 + 7/8 Tubing Setting Depth: 2302 Tbg setting date: 03/02/2011 Packer Depth: 0
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: Email Judy.Glinisty@pxd.com

Attachment Check List

Att Doc Num	Name
400139859	

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)