

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



DE ET OE ES

Document Number:

400153031

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 05-071-08913-00 6. County: LAS ANIMAS
7. Well Name: Montoya Well Number: 11-6V
8. Location: QtrQtr: NWNW Section: 6 Township: 33S Range: 67W Meridian: 6
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: VERMEJO COAL Status: PRODUCING
Treatment Date: _____ Date of First Production this formation: 06/03/2007
Perforations Top: 2591 Bottom: 2894 No. Holes: 44 Hole size: 0.42
Provide a brief summary of the formation treatment: _____ Open Hole: ☐
--- TO ABANDON INTERVALS 2904' - 2907' , 2910' - 2914' , 2918' - 2921' VIA CIBP SET ON 3-3-2011 AT 2900' AS OUTLINED BELOW.
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 04/02/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 2 Bbls H2O: 541
Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 2 Bbls H2O: 541 GOR: 0
Test Method: Pumping Casing PSI: 33 Tubing PSI: 0 Choke Size: 0
Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 1000 API Gravity Oil: 0
Tubing Size: 2 + 7/8 Tubing Setting Depth: 2895 Tbg setting date: 03/03/2011 Packer Depth: 0
Reason for Non-Production: _____
Date formation Abandoned: 03/03/2011 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt _____
Bridge Plug Depth: 2900 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

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: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400153034	

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)