

**FORM
5A**Rev
02/08State 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:

400158233

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 05-071-06855-00 6. County: LAS ANIMAS
7. Well Name: SIX SHOOTER Well Number: 43-7
8. Location: QtrQtr: NESE Section: 7 Township: 32S Range: 65W Meridian: 6
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: <u>RATON COAL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>04/05/2011</u>	Date of First Production this formation: <u>04/21/2011</u>
Perforations Top: <u>849</u> Bottom: <u>1675</u>	No. Holes: <u>168</u> Hole size: <u>0.48</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
Fraced intervals in new Raton formation: 849' - 852', 878' - 880', 883' - 885', 924' - 927', 1038' - 1042', 1058' - 1061', 1094' - 1103', 1129' - 1132', 1152' - 1154', 1411' - 1413', 1419' - 1423', 1666' - 1669', 1673' - 1675'. 16/30 - 200,475# - N2 - 20,046 HCF - 1,361 bbls 30# linear - 148 gals 15% HCL	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:	
Date: <u>04/22/2011</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>26</u> Bbls H2O: <u>75</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>26</u> Bbls H2O: <u>75</u> GOR: <u>0</u>	
Test Method: <u>Pumping</u> Casing PSI: <u>26</u> Tubing PSI: <u>0</u> Choke Size: <u>64/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>COAL GAS</u> BTU Gas: <u>1005</u> API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 7/8</u> Tubing Setting Depth: <u>2006</u> Tbg setting date: <u>04/20/2011</u> Packer Depth: <u>0</u>	
Reason for Non-Production: <div></div>	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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 GlinistyTitle: 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
400158258	

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)