

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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COMPLETED INTERVAL REPORT

Document Number:

400164129

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 05-071-08706-00
6. County: LAS ANIMAS
7. Well Name: SCULPIN Well Number: 32-30 TR
8. Location: QtrQtr: SWNE Section: 30 Township: 32S Range: 65W Meridian: 6
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: RATON COAL Status: PRODUCING
Treatment Date: Date of First Production this formation: 09/20/2006
Perforations Top: 566 Bottom: 886 No. Holes: 52 Hole size: 0.48
Provide a brief summary of the formation treatment: Open Hole:
To report squeeze done on 4-6-2011 on interval 494' - 497' as described below.
This formation is commingled with another formation: Yes No
Test Information:
Date: 04/12/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 13 Bbls H2O: 4
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 13 Bbls H2O: 4 GOR: 0
Test Method: Pumping Casing PSI: 19 Tubing PSI: 0 Choke Size: 64/64
Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 1004 API Gravity Oil: 0
Tubing Size: 2 + 7/8 Tubing Setting Depth: 898 Tbg setting date: 03/22/2010 Packer Depth: 0
Reason for Non-Production:
Date formation Abandoned: 04/06/2011 Squeeze: Yes No If yes, number of sacks cmt 50
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

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
400164133	WELLBORE DIAGRAM
400164134	CEMENT JOB SUMMARY

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)