

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

COMPLETED INTERVAL REPORT

Document Number:

400164599

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 05-071-08378-00 6. County: LAS ANIMAS
 7. Well Name: FLYING HORSE Well Number: 12-11
 8. Location: QtrQtr: SWNW Section: 11 Township: 32S Range: 66W 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: 07/26/2005
 Perforations Top: 2227 Bottom: 2257 No. Holes: 48 Hole size: 0.48
 Provide a brief summary of the formation treatment: _____ Open Hole:
 -- TO SHOW CIBP SET AT 2300' AS DESCRIBED BELOW TO ABANDON INTERVALS 2323' - 2326' , 2363' - 2366' ----
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 05/11/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 16 Bbls H2O: 225
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 16 Bbls H2O: 225 GOR: 0
 Test Method: Pumping Casing PSI: 17 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: 2282 Tbg setting date: 05/09/2011 Packer Depth: 0
 Reason for Non-Production:

 Date formation Abandoned: 05/09/2011 Squeeze: Yes No If yes, number of sacks cmt _____
 Bridge Plug Depth: 2300 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
400164600	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)