

**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:

400165141

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 05-071-08163-00 6. County: LAS ANIMAS
7. Well Name: MALIBU Well Number: 22-3
8. Location: QtrQtr: SENW Section: 3 Township: 32S Range: 66W Meridian: 6
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: <u>RATON COAL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>04/19/2011</u>	Date of First Production this formation: <u>05/03/2011</u>
Perforations Top: <u>582</u> Bottom: <u>1520</u>	No. Holes: <u>200</u> Hole size: <u>0.48</u>
Provide a brief summary of the formation treatment: Open Hole: <input type="checkbox"/>	
Fraced intervals in new formation. 582' - 585' , 652' - 654' , 687' - 707' , 740' - 742' , 867' - 869' , 886' - 895' , 975' - 984' , 996' - 999' , 1029' - 1039' , 1331' - 1334' , 1480' - 1490' , 1518' - 1520'. 16/30 - 285,567# - N2 - 27,963 hcf - 1,629 bbls 15# linear - 210 gals 7.5% HCL.	
Also to record RBP set at 1960' on 10-12-2007 to abandon two intervals at 1963' - 1967' and 1973' - 1976'.	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:	
Date: <u>05/06/2011</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>46</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>46</u> Bbls H2O: <u>0</u> GOR: <u>0</u>	
Test Method: <u>Pumping</u> Casing PSI: <u>51</u> Tubing PSI: <u>0</u> Choke Size: <u>17/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>COAL GAS</u> BTU Gas: <u>1004</u> API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 7/8</u> Tubing Setting Depth: <u>1952</u> Tbg setting date: <u>04/28/2011</u> Packer Depth: <u>0</u>	
Reason for Non-Production: <div></div>	
Date formation Abandoned: <u>10/12/2007</u> Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, number of sacks cmt <u></u>	
Bridge Plug Depth: <u>1960</u> Sacks cement on top: <u></u>	

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

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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
400165161	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)