

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

400165387

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 05-071-08709-00
6. County: LAS ANIMAS
7. Well Name: BRIANNA
Well Number: 23-16
8. Location: QtrQtr: NESW Section: 16 Township: 32S Range: 67W Meridian: 6
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: RATON COAL Status: PRODUCING
Treatment Date: 04/27/2011 Date of First Production this formation: 05/10/2011
Perforations Top: 1242 Bottom: 2245 No. Holes: 136 Hole size: 0.48
Provide a brief summary of the formation treatment: Open Hole:
Fraced new formation. 1242' - 1245', 1283' - 1286', 1420' - 1423', 1532' - 1536', 1576' - 1579', 1987' - 1992', 2000' - 2002', 2074' - 2079', 2123' - 2126'. 16/30 - 245,948# - N2 - 25,607 HCF - 1,305 bbls 15# foam - 168 gals 15% HCL - 168 gals 7.5% HCL.
This formation is commingled with another formation: [X] Yes [ ] No
Test Information:
Date: 05/11/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 3 Bbls H2O: 1751
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 3 Bbls H2O: 1751 GOR: 0
Test Method: Pumping Casing PSI: 11 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: 2934 Tbg setting date: 05/09/2011 Packer Depth: 0
Reason for Non-Production:
Date formation Abandoned: Squeeze: [ ] Yes [ ] 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 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**

<u>Att Doc Num</u>	<u>Name</u>
400165391	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)