

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:

400165426

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 05-071-08121-00
6. County: LAS ANIMAS
7. Well Name: MASTERS
Well Number: 33-32
8. Location: QtrQtr: NWSE Section: 32 Township: 32S Range: 67W Meridian: 6
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: RATON COAL Status: PRODUCING

Treatment Date: 05/02/2011 Date of First Production this formation: 05/12/2011

Perforations Top: 1015 Bottom: 1691 No. Holes: 228 Hole size: 0.48

Provide a brief summary of the formation treatment: Open Hole: [ ]

Fraced intervals in new formation.1015' - 1018' , 1097' - 1100' , 1107' - 1116' , 1144' - 1146' , 1162' - 1164' , 1224' - 1227' , 1255' - 1258' , 1286' - 1289' , 1322' - 1325' , 1330' - 1332' , 1340' - 1342' , 1381' - 1386' , 1390' - 1399' , 1427' - 1429' , 1432' - 1434' , 1680' - 1682' , 1689' - 1691'. 16/30 - 373,845# - N2 - 32,790 HCF - 1,783 bbls 15# foam - 210 gals 15% HCL - 126 gals 7.5% HCL.

This formation is commingled with another formation: [X] Yes [ ] No

Test Information:

Date: 05/14/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 93 Bbls H2O: 178

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 93 Bbls H2O: 178 GOR: 0

Test Method: Pumping Casing PSI: 78 Tubing PSI: 0 Choke Size: 10/64

Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 1004 API Gravity Oil: 0

Tubing Size: 2 + 7/8 Tubing Setting Depth: 2006 Tbg setting date: 05/11/2011 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**

Att Doc Num	Name
400165434	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

<b>User Group</b>	<b>Comment</b>	<b>Comment Date</b>

Total: 0 comment(s)