

**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:

400165426

**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 05-071-08121-00 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: <u>RATON COAL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>05/02/2011</u>	Date of First Production this formation: <u>05/12/2011</u>
Perforations Top: <u>1015</u> Bottom: <u>1691</u>	No. Holes: <u>228</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. 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: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>05/14/2011</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>93</u> Bbls H2O: <u>178</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>93</u> Bbls H2O: <u>178</u> GOR: <u>0</u>	
Test Method: <u>Pumping</u> Casing PSI: <u>78</u> Tubing PSI: <u>0</u> Choke Size: <u>10/64</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>2006</u> Tbg setting date: <u>05/11/2011</u> Packer Depth: <u>0</u>	
Reason for Non-Production: <div></div>	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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 GlinistyTitle: 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**

User Group	Comment	Comment Date

Total: 0 comment(s)