

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



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Document Number:
2590722

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) 675-2685
 3. Address: 1401 17TH ST STE 1200 Fax: (303) 294-1275
 City: DENVER State: CO Zip: 80202

5. API Number 05-071-07537-00 6. County: LAS ANIMAS
 7. Well Name: RIO Well Number: 32-14
 8. Location: QtrQtr: SWNE Section: 14 Township: 33S Range: 66W Meridian: 6
 9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: VERMEJO COAL Status: PRODUCING
 Treatment Date: 10/23/2010 Date of First Production this formation: 03/07/2002
 Perforations Top: 1360 Bottom: 1650 No. Holes: 96 Hole size: 12/25
 Provide a brief summary of the formation treatment: _____ Open Hole:
TO ABANDON INTERVAL 1670-1676
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 10/23/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 14 Bbls H2O: 60
 Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 14 Bbls H2O: 60 GOR: _____
 Test Method: PUMPING Casing PSI: 7 Tubing PSI: _____ Choke Size: 18/64
 Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 1004 API Gravity Oil: 0
 Tubing Size: 2 + 7/8 Tubing Setting Depth: 1740 Tbg setting date: 09/16/2010 Packer Depth: _____
 Reason for Non-Production: _____
 Date formation Abandoned: 10/19/2010 Squeeze: Yes No If yes, number of sacks cmt _____
 Bridge Plug Depth: 1665 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: 10/26/2010 Email JUDY.GLINISTY@PXD.COM

Attachment Check List

Att Doc Num	Name
2590722	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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