

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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: <div style="text-align: center; font-weight: bold;">2590723</div>				
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: <u>10084</u>	4. Contact Name: <u>JUDY GLINISTY</u>
2. Name of Operator: <u>PIONEER NATURAL RESOURCES USA INC</u>	Phone: <u>(303) 675-2658</u>
3. Address: <u>1401 17TH ST STE 1200</u>	Fax: <u>(303) 294-1275</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-071-08902-00</u>	6. County: <u>LAS ANIMAS</u>
7. Well Name: <u>Dunn</u>	Well Number: <u>14-5V</u>
8. Location: QtrQtr: <u>SWSW</u> Section: <u>5</u> Township: <u>33S</u> Range: <u>67W</u> Meridian: <u>6</u>	
9. Field Name: <u>PURGATOIRE RIVER</u> Field Code: <u>70830</u>	

Completed Interval

FORMATION: <u>VERMEJO COAL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>10/21/2010</u>	Date of First Production this formation: <u>05/09/2007</u>
Perforations Top: <u>2145</u> Bottom: <u>2315</u>	No. Holes: <u>36</u> Hole size: <u>21/50</u>
Provide a brief summary of the formation treatment: <u>TO ABANDON INTERVALS 2450-2453, 2465-2468, 2472-2475, 2491-2494, 2519-2523, 2524-2527</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>10/21/2010</u> Hours: <u>24</u>	Bbls oil: <u>0</u> Mcf Gas: <u>49</u> Bbls H2O: <u>24</u>
Calculated 24 hour rate:	Bbls oil: <u>0</u> Mcf Gas: <u>49</u> Bbls H2O: <u>24</u> GOR: _____
Test Method: <u>PUMPING</u>	Casing PSI: <u>23</u> Tubing PSI: _____ Choke Size: <u>0</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>COAL GAS</u> BTU Gas: <u>1002</u> API Gravity Oil: <u>0</u>
Tubing Size: <u>2 + 7/8</u> Tubing Setting Depth: <u>2546</u>	Tbg setting date: <u>05/04/2010</u> Packer Depth: _____
Reason for Non-Production: _____	
Date formation Abandoned: <u>10/20/2010</u> Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, number of sacks cmt _____	
Bridge Plug Depth: <u>2420</u> 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

<u>Att Doc Num</u>	<u>Name</u>
2590723	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)