

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:

400169319

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 05-071-08996-00 6. County: LAS ANIMAS
7. Well Name: SHADOW Well Number: 33-31
8. Location: QtrQtr: NWSE Section: 31 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>05/04/2011</u>	Date of First Production this formation: <u>05/15/2011</u>
Perforations Top: <u>1380</u> Bottom: <u>1950</u>	No. Holes: <u>172</u> Hole size: <u>0.48</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
Fraced new formation 1380' - 1383', 1407' - 1410', 1433' - 1436', 1468' - 1471', 1521' - 1524', 1531' - 1534', 1584' - 1593', 1621' - 1624', 1628' - 1630', 1664' - 1669', 1916' - 1919', 1947' - 1950'. 16/30 - 271,602# - N2 - 30,032 HCF - 1,866 bbls 15# foam - 420 gals 15% HCL.	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:	
Date: <u>05/17/2011</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>55</u> Bbls H2O: <u>119</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>55</u> Bbls H2O: <u>119</u> GOR: <u>0</u>	
Test Method: <u>Pumping</u> Casing PSI: <u>45</u> Tubing PSI: <u>0</u> Choke Size: <u>16/64</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>2730</u> Tbg setting date: <u>05/13/2011</u> Packer Depth: <u>0</u>	
Reason for Non-Production:	
<div></div>	
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>	
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>	

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
400169325	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)