

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:  
400171585

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 05-071-08510-00 6. County: LAS ANIMAS  
 7. Well Name: SCHWEITZER Well Number: 22-30  
 8. Location: QtrQtr: SENW Section: 30 Township: 32S Range: 67W Meridian: 6  
 9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: RATON COAL Status: PRODUCING

Treatment Date: 05/18/2011 Date of First Production this formation: 05/31/2011  
 Perforations Top: 1232 Bottom: 2310 No. Holes: 260 Hole size: 0.48

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

Fraced new formation 1232' - 1234', 1239' - 1243', 1246' - 1248', 1281' - 1283', 1293' - 1296', 1342' - 1347', 1376' - 1381', 1417' - 1420', 1493' - 1496', 1517' - 1520', 1623' - 1630', 1673' - 1681', 1691' - 1693', 1709' - 1712', 1740' - 1743', 1793' - 1798', 1821' - 1823', 1832' - 1834', 2307' - 2310'. 16/30 - 430,206# - N2 - 32,433 HCF - 2,863 bbls 15# foam - no HCL.

This formation is commingled with another formation:  Yes  No

Test Information:

Date: 06/02/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 32 Bbls H2O: 2057  
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 32 Bbls H2O: 2057 GOR: 0  
 Test Method: Pumping Casing PSI: 35 Tubing PSI: 0 Choke Size: 64/64  
 Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 1004 API Gravity Oil: 0  
 Tubing Size: 2 + 7/8 Tubing Setting Depth: 2802 Tbg setting date: 05/26/2011 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
400171620	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)