

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



| | | | |
|----|----|----|----|
| DE | ET | OE | ES |
|----|----|----|----|

Document Number:

400176954

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
2. Name of Operator: PIONEER NATURAL RESOURCES USA INC
3. Address: 1401 17TH ST STE 1200
City: DENVER State: CO Zip: 80202
4. Contact Name: Judy Glinisty
Phone: (303) 675-2658
Fax: (303) 294-1275

5. API Number 05-071-08860-00
6. County: LAS ANIMAS
7. Well Name: LIGER
Well Number: 12-12
8. Location: QtrQtr: SWNW Section: 12 Township: 34S Range: 66W Meridian: 6
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

| | |
|---|---|
| FORMATION: VERMEJO COAL | Status: PRODUCING |
| Treatment Date: | Date of First Production this formation: 10/12/2006 |
| Perforations Top: 1160 Bottom: 1211 | No. Holes: 60 Hole size: 0.48 |
| Provide a brief summary of the formation treatment: | Open Hole: <input type="checkbox"/> |
| --- TO ABANDON INTERVAL 1305' - 1309' VIA CIBP AS DESCRIBED BELOW -- | |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Test Information: | |
| Date: 06/18/2011 Hours: 24 | Bbls oil: 0 Mcf Gas: 2 Bbls H2O: 116 |
| Calculated 24 hour rate: | Bbls oil: 0 Mcf Gas: 2 Bbls H2O: 116 GOR: 0 |
| Test Method: Pumping | Casing PSI: 17 Tubing PSI: 0 Choke Size: 64/64 |
| Gas Disposition: SOLD | Gas Type: COAL GAS BTU Gas: 1005 API Gravity Oil: 0 |
| Tubing Size: 2 + 7/8 | Tubing Setting Depth: 1250 Tbg setting date: 06/07/2011 Packer Depth: |
| Reason for Non-Production: | |
| Date formation Abandoned: 06/07/2011 Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, number of sacks cmt | |
| Bridge Plug Depth: 1290 | 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 |
|-------------|------------------|
| 400176961 | WELLBORE DIAGRAM |

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)