

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:

400178969

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 05-071-08668-00
6. County: LAS ANIMAS
7. Well Name: SLATE
Well Number: 23-30
8. Location: QtrQtr: NESW 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: 05/21/2011	Date of First Production this formation: 06/03/2011
Perforations Top: 1295 Bottom: 2299	No. Holes: 244 Hole size: 0.48
Provide a brief summary of the formation treatment: Open Hole: <input type="checkbox"/>	
Frased new Raton formation 1295' - 1297', 1313' - 1315', 1386' - 1392', 1414' - 1418', 1455' - 1458', 1535' - 1537', 1553' - 1555', 1640' - 1642', 1646' - 1648', 1666' - 1670', 1719' - 1729', 1736' - 1738', 1753' - 1756', 1836' - 1840, 1854' - 1856', 1887' - 1889', 1894' - 1896', 2066' - 2068', 2084' - 2086', 2296' - 2299'. 16/30 - 395,436# - N2 - 40,556 hscf - 2,548 bbls 15# linear - 211 gals 15% HCl - 168 gals 7.5% HCl.	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:	
Date: 06/04/2011 Hours: 24	Bbls oil: 0 Mcf Gas: 60 Bbls H2O: 2057
Calculated 24 hour rate:	Bbls oil: 0 Mcf Gas: 60 Bbls H2O: 2057 GOR: 0
Test Method: Pumping	Casing PSI: 56 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: 2200 Tbg setting date: 06/02/2011 Packer Depth: 0
Reason for Non-Production:	
<div></div>	
Date formation Abandoned:	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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
400178975	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)