

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:
400139884

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 05-071-07879-00
6. County: LAS ANIMAS
7. Well Name: BIG MEADOW
Well Number: 34-4
8. Location: QtrQtr: SWSE Section: 4 Township: 33S Range: 66W Meridian: 6
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: RATON COAL Status: PRODUCING

Treatment Date: 02/18/2011 Date of First Production this formation: 02/25/2011
Perforations Top: 635 Bottom: 1278 No. Holes: 112 Hole size: 0.48

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

Fraced intervals 635'-637' , 650'-652' , 653'-655' , 712'-716' , 741'-745' , 748'-750' , 865'-869' , 905'-907' , 1121'-1123' , 1250'-1252' , 1276'-1278'. 16/30 - 198,082# - N2 - 2,004,200 SCF - 1,166 bbls 70% foam - 44 gals 15% HCl

This formation is commingled with another formation: Yes No

Test Information:

Date: 02/26/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 48 Bbls H2O: 325
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 48 Bbls H2O: 325 GOR: 0
Test Method: Pumping Casing PSI: 51 Tubing PSI: 0 Choke Size: 65/64
Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 1004 API Gravity Oil: 0
Tubing Size: 2 + 7/8 Tubing Setting Depth: 2030 Tbg setting date: 03/02/2011 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: 3/7/2011 Email Judy.Glinisty@pxd.com
:

Attachment Check List

Att Doc Num	Name
400139884	FORM 5A SUBMITTED
400139906	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

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