

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
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 05-071-08996-00
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: RATON COAL Status: PRODUCING

Treatment Date: 05/04/2011 Date of First Production this formation: 05/15/2011
Perforations Top: 1380 Bottom: 1950 No. Holes: 172 Hole size: 0.48

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

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: ☒ Yes ☐ No

Test Information:

Date: 05/17/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 55 Bbls H2O: 119
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 55 Bbls H2O: 119 GOR: 0
Test Method: Pumping Casing PSI: 45 Tubing PSI: 0 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 1004 API Gravity Oil: 0
Tubing Size: 2 + 7/8 Tubing Setting Depth: 2730 Tbg setting date: 05/13/2011 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: 5/26/2011 Email Judy.Glinisty@pxd.com
:

Attachment Check List

Att Doc Num	Name
400169319	FORM 5A SUBMITTED
400169325	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)