

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:
400188073

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 05-071-07694-00 6. County: LAS ANIMAS
 7. Well Name: CHESTERFIELD Well Number: 21-16
 8. Location: QtrQtr: NENW Section: 16 Township: 32S Range: 67W Meridian: 6
 9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: RATON COAL Status: PRODUCING
 Treatment Date: 06/04/2011 Date of First Production this formation: 06/18/2011
 Perforations Top: 1490 Bottom: 2512 No. Holes: 204 Hole size: 0.48
 Provide a brief summary of the formation treatment: _____ Open Hole:
 Fraced intervals at 1490' - 1492', 1502' - 1504', 1537' - 1540', 1620' - 1621', 1679' - 1681', 1688' - 1690', 1801' - 1805', 1830' - 1831', 1866' - 1869', 2010' - 2014', 2116' - 2118', 2120' - 2124', 2126' - 2128', 2239' - 2244', 2320' - 2324', 2327' - 2329', 2379' - 2382', 2414' - 2417', 2506' - 2508', 2510' - 2512'. 16/30 - 385,155# - N2 - 39,470 hscf - 2,103 bbls 15# linear - 420 gals 7.5% HCl.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 06/20/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 77 Bbls H2O: 49
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 77 Bbls H2O: 49 GOR: 0
 Test Method: Pumping Casing PSI: 84 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: 3237 Tbg setting date: 06/16/2011 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
400188074	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)