

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:

400188091

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 05-071-09767-00
6. County: LAS ANIMAS
7. Well Name: Centerfire
Well Number: 42-22 Tr
8. Location: QtrQtr: SENE Section: 22 Township: 32S Range: 66W Meridian: 6
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: RATON COAL Status: PRODUCING
Treatment Date: 07/01/2011 Date of First Production this formation: 07/12/2011
Perforations Top: 736 Bottom: 1585 No. Holes: 308 Hole size: 0.48
Provide a brief summary of the formation treatment: Open Hole: ☐
Fraced intervals 736' - 742' , 772' - 776' , 802' - 809' , 812' - 820' , 854' - 861' , 943' - 949' , 1012' - 1018' , 1203' - 1208' , 1238' - 1241' , 1413' - 1418' , 1443' - 1446' , 1477' - 1480' , 1505' - 1508' , 1532' - 1535' , 1570' - 1576' , 1583' - 1585'. 16/30 - 300,224# - N2 - 23,100 hscf - 1,891 bbls 15# linear - 168 gals 15% HCl.
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 07/14/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 100 Bbls H2O: 203
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 100 Bbls H2O: 203 GOR: 0
Test Method: Pumping Casing PSI: 35 Tubing PSI: 0 Choke Size: 17/64
Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 1004 API Gravity Oil: 0
Tubing Size: 2 + 7/8 Tubing Setting Depth: 1679 Tbg setting date: 07/12/2011 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
400188093	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)