

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: 400192914

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 05-071-09791-00 6. County: LAS ANIMAS  
 7. Well Name: Sundance Well Number: 24-28 Tr  
 8. Location: QtrQtr: SESW Section: 28 Township: 32S Range: 66W Meridian: 6  
 9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: RATON COAL Status: PRODUCING

Treatment Date: 07/15/2011 Date of First Production this formation: 07/27/2011  
 Perforations Top: 907 Bottom: 1556 No. Holes: 192 Hole size: 0.48

Provide a brief summary of the formation treatment:  Open Hole:   
 Perforated interval 907' - 910'. Fraced intervals 989' - 991', 993' - 995', 1004' - 1006' - 1120' - 1124', 1260' - 1264', 1280' - 1283', 1303' - 1305', 1310' - 1314', 1326' - 1329', 1348' - 1351', 1369' - 1372', 1410' - 1413', 1435' - 1438', 1495' - 1497', 1502' - 1505', 1553' - 1556'. 16/30 - 235,289# - N2 - 38,072 hscf - 2,050 bbls 15# linear - 126 gals 15% HCl - 42 gals 7.5% HCl.

This formation is commingled with another formation:  Yes  No

Test Information:

Date: 07/29/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 52 Bbls H2O: 0  
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 52 Bbls H2O: 0 GOR: 0  
 Test Method: Pumping Casing PSI: 22 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: 1633 Tbg setting date: 07/22/2011 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
400192917	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)