

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: 400204216

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 05-071-09782-00 6. County: LAS ANIMAS
 7. Well Name: Idrahaje Well Number: 12-14
 8. Location: QtrQtr: SWNW Section: 14 Township: 33S Range: 66W Meridian: 6
 9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: VERMEJO COAL Status: PRODUCING

Treatment Date: 08/14/2011 Date of First Production this formation: 08/18/2011
 Perforations Top: 1420 Bottom: 1672 No. Holes: 80 Hole size: 0.48

Provide a brief summary of the formation treatment: _____ Open Hole:
 Fraced intervals at 1420' - 1423', 1439' - 1441', 1490' - 1493', 1537' - 1540', 1620' - 1623', 1655' - 1659', 1670' - 1672'. 16/30 - 120,613# - N2 - 12,342 hscf - 887 bbls 15# linear - 168 gals 7.5% HCl.

This formation is commingled with another formation: Yes No

Test Information:

Date: 09/03/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 5 Bbls H2O: 342
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 5 Bbls H2O: 342 GOR: 0
 Test Method: Pumping Casing PSI: 5 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: 1739 Tbg setting date: 08/16/2011 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
400204217	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)