

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



DE ET OE ES

Document Number:

400219487

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 05-071-09862-00

6. County: LAS ANIMAS

7. Well Name: WD FEDERAL

Well Number: 14-7 R

8. Location: QtrQtr: SW/SW Section: 7 Township: 33S Range: 65W Meridian: 6

9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: VERMEJO COAL

Status: PRODUCING

Treatment Date: 10/16/2011

Date of First Production this formation: 10/24/2011

Perforations Top: 1318 Bottom: 1567 No. Holes: 136 Hole size: 0.48

Provide a brief summary of the formation treatment:

Open Hole: ☐

Fraced intervals at 1318' - 1321' , 1358' - 1362' , 1437' - 1444' , 1470' - 1473' , 1493' - 1497' , 1511' - 1513' , 1534' - 1540' , 1554' - 1557' , 1565' - 1567'. 16/30 - 247,709# - N2 - 24,221 hscf - 1,950 bbls 15# linear - 378 gals 7.5% HCl.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 10/27/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 29 Bbls H2O: 174

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 29 Bbls H2O: 174 GOR: 0

Test Method: Pumping Casing PSI: 27 Tubing PSI: 0 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 1004 API Gravity Oil: 0

Tubing Size: 2 + 7/8 Tubing Setting Depth: 1620 Tbg setting date: 10/20/2011 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: 11/11/2011 Email: Judy.Glinisty@pxd.com

Attachment Check List

Att Doc Num	Name
400219487	FORM 5A SUBMITTED
400219490	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)