

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:

400218188

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 05-071-09814-00 6. County: LAS ANIMAS
 7. Well Name: DJEMBE Well Number: 21-12
 8. Location: QtrQtr: NE/NW Section: 12 Township: 33S Range: 68W Meridian: 6
 9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: VERMEJO COAL Status: PRODUCING

Treatment Date: 10/03/2011 Date of First Production this formation: 10/08/2011
 Perforations Top: 1828 Bottom: 2097 No. Holes: 88 Hole size: 0.48

Provide a brief summary of the formation treatment: Open Hole: ☐

Fraced intervals at 1828' - 1830', 1844' - 1846', 1922' - 1925', 1942' - 1944', 1952' - 1954', 2052' - 2055', 2077' - 2079', 2080' - 2084', 2095' - 2097'. 16/30 - 132,448# - N2 - 23,130 hscf - 1,206 bbls 15# linear - 42 gals 7.5% HCl.

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

Test Information:

Date: 10/11/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 14 Bbls H2O: 0
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 14 Bbls H2O: 0 GOR: 0
 Test Method: Pumping Casing PSI: 24 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: 2150 Tbg setting date: 10/07/2011 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 GlinistyTitle: Sr. Engineering Tech Date: _____ Email Judy.Glinisty@pxd.com

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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
400218200	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)