

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:
400235708

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 05-071-09710-00
6. County: LAS ANIMAS
7. Well Name: HAUGHT
Well Number: 42-30
8. Location: QtrQtr: SENE Section: 30 Township: 32S Range: 67W Meridian: 6
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: RATON COAL Status: PRODUCING

Treatment Date: 10/12/2011 Date of First Production this formation: 11/02/2011
Perforations Top: 955 Bottom: 1780 No. Holes: 288 Hole size: 0.48

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

Fraced intervals 955' - 958' , 965' - 968' , 1197' - 1203' , 1255' - 1258' , 1314' - 1319' , 1354' - 1359' , 1381' - 1386' , 1484' - 1487' , 1573' - 1578' , 1589' - 1593' , 1645' - 1654' , 1684' - 1689' , 1721' - 1725' , 1760' - 1767' , 1770' - 1773' , 1778' - 1780'. 16/30 - 467,521# - N2 - 24,561 hscf - 2,690 bbls 15# linear - 168 gals 7.5% HCl.

This formation is commingled with another formation: Yes No

Test Information:

Date: 11/04/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 46 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 46 Bbls H2O: 0 GOR: 0
Test Method: Pumping Casing PSI: 40 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: 1830 Tbg setting date: 10/19/2011 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
400235713	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)