

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

COMPLETED INTERVAL REPORT

Document Number:

400242791

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 05-071-09769-00
6. County: LAS ANIMAS
7. Well Name: Gremlin Well Number: 23-35
8. Location: QtrQtr: NESW Section: 35 Township: 32S Range: 66W Meridian: 6
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: VERMEJO COAL Status: PRODUCING

Treatment Date: 11/14/2011 Date of First Production this formation: 01/10/2012

Perforations Top: 1507 Bottom: 1819 No. Holes: 116 Hole size: 0.48

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

Fraced intervals at 1507' - 1510', 1519' - 1521', 1622' - 1624', 1635' - 1637', 1639' - 1641', 1674' - 1677', 1711' - 1713', 1725' - 1727', 1745' - 1748', 1794' - 1799', 1816' - 1819'. 16/30 - 164,882# - N2 - 23,029 hscf - 1,683 bbls 15% linear - 273 gals 15% HCl.

This formation is commingled with another formation: Yes No

Test Information:

Date: 01/14/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 58 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 58 Bbls H2O: 0 GOR: 0

Test Method: Pumping Casing PSI: 30 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: 1871 Tbg setting date: 11/18/2011 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
400242799	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)