

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



Table with columns DE, ET, OE, ES

COMPLETED INTERVAL REPORT

Document Number: 400255417

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 05-071-09804-00 6. County: LAS ANIMAS
7. Well Name: Bilbo Federal Well Number: 11-24
8. Location: QtrQtr: NWNW Section: 24 Township: 32S Range: 66W Meridian: 6
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: RATON-VERMEJO COALS Status: PRODUCING
Treatment Date: 12/15/2011 Date of First Production this formation: 02/21/2011
Perforations Top: 956 Bottom: 2206 No. Holes: 480 Hole size: 0.48
Provide a brief summary of the formation treatment: Open Hole: []
This formation is commingled with another formation: [] Yes [X] No
Test Information:
Date: 02/24/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 143 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 143 Bbls H2O: 0 GOR: 0
Test Method: Pumping Casing PSI: 16 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: 2250 Tbg setting date: 01/02/2012 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: TO CHANGE WELL STATUS FROM SHUT-IN SUBMITTED ON FORM 5A 2/20/2012 (COPY ATTACHED) TO PRODUCING.

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.

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)