

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Table with columns DE, ET, OE, ES

Document Number: 400253488 Date Received: 02/20/2012

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 05-071-09804-00 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: SHUT IN Treatment Type: Treatment Date: 12/15/2011 End Date: Date of First Production this formation: Perforations Top: 956 Bottom: 2206 No. Holes: 480 Hole size: 0.48

Provide a brief summary of the formation treatment:

Open Hole: []

Fraced intervals at 956' - 962', 1054' - 1058', 1096' - 1101', 1167' - 1174', 1406' - 1409', 1420' - 1423', 1448' - 1452', 1464' - 1469', 1503' - 1507', 1590' - 1596', 1660' - 1666', 1844' - 1848', 1874' - 1878', 1900' - 1904', 2093' - 2096', 2100' - 2104', 2161' - 2163', 2166' - 2169', 2173' - 2177', 2201' - 2206'. 16/30 - 360,384# - N2 - 29,272 hscf - 2,618 bbls 15# linear - 242 gals 15% HCl.

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): Max pressure during treatment (psi): Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): Type of gas used in treatment: Max frac gradient (psi/ft): Total acid used in treatment (bbl): Number of staged intervals: Recycled water used in treatment (bbl): Flowback volume recovered (bbl): Fresh water used in treatment (bbl): Disposition method for flowback: Total proppant used (lbs): Rule 805 green completion techniques were utilized: []

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: 0 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 0 Calculated 24 hour rate: Bbl oil: Mcf Gas: 0 Bbl H2O: 0 GOR: 0 Test Method: N/A Casing PSI: Tubing PSI: Choke Size: Gas Disposition: Gas Type: Btu Gas: 0 API Gravity Oil: 0 Tubing Size: 2 + 7/8 Tubing Setting Depth: 2250 Tbg setting date: 01/02/2012 Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeeze: [] Yes [] No If yes, number of sacks cmt

** Bridge Plug Depth: ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

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: 2/20/2012 Email Judy.Glinisty@pxd.com

Attachment Check List

Att Doc Num	Name
400253488	FORM 5A SUBMITTED
400253490	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)