

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



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Document Number: 400374423

Date Received:

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 05-071-09804-00 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 Type: FRACTURE STIMULATION
 Treatment Date: 12/15/2011 End Date: 12/16/2011 Date of First Production this formation: 02/21/2012
 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 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: _____ Min 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: 02/24/2012 Hours: 24 Bbl oil: _____ Mcf Gas: 143 Bbl H2O: 0
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 143 Bbl 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: _____ ** Wireline and Cement Job Summary must be attached.

Comment:

THIS IS A REVISED FORM 5A FROM DOCUMENT NUMBER 400255417 DATED 2/27/2012 TO CORRECT THE YEAR ON DATE OF FIRST PRODUCTION FROM 2/21/2011 TO 2/21/2012.

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 Staff Engineering Tech Date: _____ Email Judy.Glinisty@pxd.com

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)