

FORM 5A

Rev 06/12

State of Colorado

Oil and Gas Conservation Commission

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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 05-071-07853-00 6. County: LAS ANIMAS
 7. Well Name: SAN PABLO Well Number: 11-4
 8. Location: QtrQtr: NWNW Section: 4 Township: 33S Range: 67W Meridian: 6
 9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: RATON-VERMEJO COALS Status: PRODUCING Treatment Type: _____
 Treatment Date: _____ End Date: _____ Date of First Production this formation: 10/15/2013
 Perforations Top: 977 Bottom: 2335 No. Holes: 312 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: 10/17/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 126 Bbl H2O: 100
 Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: 126 Bbl H2O: 100 GOR: 0
 Test Method: Pumping Casing PSI: 90 Tubing PSI: 0 Choke Size: 64/64
 Gas Disposition: _____ Gas Type: _____ Btu Gas: 1005 API Gravity Oil: 0
 Tubing Size: 2 + 7/8 Tubing Setting Depth: 2299 Tbg setting date: 10/15/2013 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.

FORMATION: RATON COAL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/07/2013 End Date: 10/08/2013 Date of First Production this formation: 10/15/2013

Perforations Top: 977 Bottom: 1539 No. Holes: 244 Hole size: 0.48

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

Fraced intervals 977' - 982', 994' - 997', 1083' - 1086', 1100' - 1104', 1136' - 1142', 1149' - 1152', 1168' - 1172', 1223' - 1226', 1240' - 1249', 1259' - 1266', 1369' - 1372', 1378' - 1382', 1525' - 1529', 1536' - 1539'. 20/40 - 352,689# - N2 - 2,168,631 hscf - no acid

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 1493 Max pressure during treatment (psi): 4474

Total gas used in treatment (mcf): 216863 Fluid density at initial fracture (lbs/gal): 8.35

Type of gas used in treatment: NITROGEN Min frac gradient (psi/ft): 0.69

Total acid used in treatment (bbl): 0 Number of staged intervals: 9

Recycled water used in treatment (bbl): 1493 Flowback volume recovered (bbl): 445

Fresh water used in treatment (bbl): 0 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 893526 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 10/17/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 126 Bbl H2O: 100

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 126 Bbl H2O: 100 GOR: 0

Test Method: Pumping Casing PSI: 90 Tubing PSI: 0 Choke Size: 64/64

Gas Disposition: SOLD Gas Type: COAL GAS Btu Gas: 1005 API Gravity Oil: 0

Tubing Size: 2 + 7/8 Tubing Setting Depth: 2299 Tbg setting date: 10/15/2013 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.

FORMATION: VERMEJO COAL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/13/2003 End Date: 10/13/2003 Date of First Production this formation: 10/15/2013
Perforations Top: 1927 Bottom: 2335 No. Holes: 68 Hole size: 0.48

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

Fraced 1927' - 1930', 2011' - 2014', 2276' - 2283', 2331' - 2335'.
16/30 - 202,000# - N2 - 1,576,900 SCF - 1,231 bbls foam - 588 gals 8% HCL

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: 01/11/2004 Hours: 24 Bbl oil: 0 Mcf Gas: 76 Bbl H2O: 35

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 76 Bbl H2O: 35 GOR: 0

Test Method: Pumping Casing PSI: 45 Tubing PSI: 0 Choke Size: 30/64

Gas Disposition: SOLD Gas Type: COAL GAS Btu Gas: 1005 API Gravity Oil: 0

Tubing Size: 2 + 7/8 Tubing Setting Depth: 2350 Tbg setting date: 10/16/2003 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: Lead Engineering Tech Date: 11/20/2013 Email Judy.Glinisty@pxd.com

Attachment Check List

Att Doc Num	Name
400514853	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
Permit	Filled out incorrectly.	11/26/2013 9:05:59 AM

Total: 1 comment(s)