

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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
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 Email: Judy.Glinisty@pxd.com

5. API Number 05-071-09176-00
6. County: LAS ANIMAS
7. Well Name: SPIN DOCTOR Well Number: 11-25
8. Location: QtrQtr: NWNW Section: 25 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: 11/01/2013
Perforations Top: 674 Bottom: 1909 No. Holes: 248 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: 11/04/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 87 Bbl H2O: 181
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 87 Bbl H2O: 181 GOR: 0
Test Method: Pumping Casing PSI: 73 Tubing PSI: 0 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: COAL GAS Btu Gas: 1005 API Gravity Oil: 0
Tubing Size: 2 + 7/8 Tubing Setting Depth: 1958 Tbg setting date: 10/31/2013 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: RATON COAL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/23/2013 End Date: 10/23/2013 Date of First Production this formation: 11/01/2013
Perforations Top: 674 Bottom: 1426 No. Holes: 156 Hole size: 0.48

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

Fraced intervals 674' - 678' , 720' - 723' , 761' - 764' - 781' - 785' , 788' - 791' , 811' - 816' , 893' - 896' , 926' - 929' , 991' - 994' , 1357' - 1360' , 1421' - 1426'.
16/30 - 227,427# - N2 - 16,978 hscf - 1220 bbls 20# foam - no acid

This formation is commingled with another formation: Yes No
Total fluid used in treatment (bbl): 1220 Max pressure during treatment (psi): 4600
Total gas used in treatment (mcf): 1697 Fluid density at initial fracture (lbs/gal): 8.35
Type of gas used in treatment: NITROGEN Min frac gradient (psi/ft): 0.59
Total acid used in treatment (bbl): 0 Number of staged intervals: 10
Recycled water used in treatment (bbl): 1220 Flowback volume recovered (bbl): 0
Fresh water used in treatment (bbl): 0 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 227427 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: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____
Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____
Tubing Size: 2 + 7/8 Tubing Setting Depth: 1958 Tbg setting date: 10/31/2013 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: VERMEJO COAL Status: COMMINGLED Treatment Type: _____

Treatment Date: 03/27/2007 End Date: 03/27/2007 Date of First Production this formation: 11/01/2013

Perforations Top: 1579 Bottom: 1909 No. Holes: 92 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: 04/05/2007 Hours: 24 Bbl oil: 0 Mcf Gas: 24 Bbl H2O: 36

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 24 Bbl H2O: 36 GOR: 0

Test Method: Pumping Casing PSI: 141 Tubing PSI: 0 Choke Size: 16/64

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

Tubing Size: 2 + 7/8 Tubing Setting Depth: 1954 Tbg setting date: 03/29/2007 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: 12/6/2013 Email: Judy.Glinisty@pxd.com

Attachment Check List

Att Doc Num	Name
400523281	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)