

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 05-071-09189-00 6. County: LAS ANIMAS 7. Well Name: BRUIN Well Number: 23-28 8. Location: QtrQtr: NESW Section: 28 Township: 33S Range: 66W Meridian: 6 9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: RATON COAL Status: PRODUCING Treatment Type: ACID JOB Treatment Date: 11/12/2013 End Date: 11/12/2013 Date of First Production this formation: 11/14/2013 Perforations Top: 1036 Bottom: 1055 No. Holes: 76 Hole size: 0.48

Provide a brief summary of the formation treatment:

Open Hole: []

Perforated intervals at 1036' - 1046', 1046' - 1055'. Not fraced

13.5 bbls water - 19 bbls 7.5% acid

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

Total fluid used in treatment (bbl): 32 Max pressure during treatment (psi): 200 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): 19 Number of staged intervals: Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 0 Fresh water used in treatment (bbl): 13 Disposition method for flowback: Total proppant used (lbs): Rule 805 green completion techniques were utilized: [X]

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 11/17/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 12 Bbl H2O: 2 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 12 Bbl H2O: 2 GOR: 0 Test Method: Pumping Casing PSI: 42 Tubing PSI: 0 Choke Size: 20/64 Gas Disposition: SOLD Gas Type: COAL GAS Btu Gas: 1005 API Gravity Oil: 0 Tubing Size: 2 + 7/8 Tubing Setting Depth: 1128 Tbg setting date: 11/13/2013 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: TEMPORARILY ABANDONED Treatment Type: _____
 Treatment Date: _____ End Date: _____ Date of First Production this formation: _____
 Perforations Top: 1223 Bottom: 1267 No. Holes: 36 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: _____ 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: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____
 Reason for Non-Production: CIBP
 Date formation Abandoned: 11/12/2013 Squeeze: Yes No If yes, number of sacks cmt _____
 ** Bridge Plug Depth: 1200 ** 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: 2/20/2014 Email: Judy.Glinisty@pxd.com

Attachment Check List

Att Doc Num	Name
400557944	FORM 5A SUBMITTED
400557973	WIRELINE JOB SUMMARY
400557975	WELLBORE DIAGRAM

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)