

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: 400640995

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 Email: Judy.Glinisty@pxd.com

5. API Number 05-071-06241-00 6. County: LAS ANIMAS
 7. Well Name: KATHY Well Number: 21-11
 8. Location: QtrQtr: NENW Section: 11 Township: 33S Range: 66W 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: 06/13/2014
 Perforations Top: 407 Bottom: 1850 No. Holes: 333 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: 06/17/2014 Hours: 24 Bbl oil: 0 Mcf Gas: 44 Bbl H2O: 146
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 44 Bbl H2O: 146 GOR: 0
 Test Method: Pumping Casing PSI: 17 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: 1884 Tbg setting date: 06/12/2014 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: 06/04/2014 End Date: 06/04/2014 Date of First Production this formation: 06/13/2014
Perforations Top: 407 Bottom: 1193 No. Holes: 168 Hole size: 0.48

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

Fraced intervals at 407' - 412' , 472' - 476' , 483' - 486' , 531' - 534' , 661' - 665' , 674' - 677' , 697' - 700' , 776' - 783' , 1131' - 1138' , 1190' - 1193'.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 1038 Max pressure during treatment (psi): 4058

Total gas used in treatment (mcf): 1342 Fluid density at initial fracture (lbs/gal): 8.35

Type of gas used in treatment: NITROGEN Min frac gradient (psi/ft): 0.83

Total acid used in treatment (bbl): 0 Number of staged intervals: 7

Recycled water used in treatment (bbl): 1038 Flowback volume recovered (bbl): 0

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

Total proppant used (lbs): 209975 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: 1884 Tbg setting date: 06/12/2014 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: FRACTURE STIMULATION

Treatment Date: 06/14/1995 End Date: 06/14/1995 Date of First Production this formation: 06/13/2014
Perforations Top: 1600 Bottom: 1850 No. Holes: 165 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: 07/17/1995 Hours: 24 Bbl oil: 0 Mcf Gas: 135 Bbl H2O: 343
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 135 Bbl H2O: 343 GOR: 0
Test Method: Pumping Casing PSI: 26 Tubing PSI: 0 Choke Size: 32/64
Gas Disposition: SOLD Gas Type: COAL GAS Btu Gas: 1004 API Gravity Oil: 0
Tubing Size: 2 + 7/8 Tubing Setting Depth: 1905 Tbg setting date: 07/14/1995 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:

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: _____ Email: Judy.Glinisty@pxd.com

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)