

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 05-071-09231-00
6. County: LAS ANIMAS
7. Well Name: TOPDRIVE Well Number: 33-26
8. Location: QtrQtr: NWSE Section: 26 Township: 32S 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: 07/25/2007
Perforations Top: 699 Bottom: 2314 No. Holes: 372 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: 06/01/2014 Hours: 24 Bbl oil: 0 Mcf Gas: 41 Bbl H2O: 36
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 41 Bbl H2O: 36 GOR: 0
Test Method: Pumping Casing PSI: 24 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: 2378 Tbg setting date: 05/29/2014 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: RATON COAL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/21/2014 End Date: 05/23/2014 Date of First Production this formation: 05/23/2014
Perforations Top: 699 Bottom: 1912 No. Holes: 296 Hole size: 0.48

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

Fraced additional Raton intervals 699' - 710' , 740' - 755' , 766' - 772' , 917' - 920' , 984' - 1005' , 1027' - 1036' , 1057' - 1061' , 1126' - 1135' , 1173' - 1182' , 1277' - 1280' , 1475' - 1478' , 1517' - 1520' - 1592' - 1597'.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 1986 Max pressure during treatment (psi): 4518

Total gas used in treatment (mcf): 2411 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): 7 Number of staged intervals: 13

Recycled water used in treatment (bbl): 1986 Flowback volume recovered (bbl): 0

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

Total proppant used (lbs): 368202 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: _____

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: 07/17/2007 End Date: 07/17/2007 Date of First Production this formation: 07/25/2007
Perforations Top: 2079 Bottom: 2314 No. Holes: 76 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: 07/30/2007 Hours: 24 Bbl oil: 0 Mcf Gas: 141 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 141 Bbl H2O: 0 GOR: 0
Test Method: Pumping Casing PSI: 11 Tubing PSI: 0 Choke Size: 64/64
Gas Disposition: SOLD Gas Type: COAL GAS Btu Gas: 1004 API Gravity Oil: 0
Tubing Size: 2 + 7/8 Tubing Setting Depth: 2357 Tbg setting date: 07/23/2007 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: 6/19/2014 Email: Judy.Glinisty@pxd.com

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400629919	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)