

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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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 05-071-09348-00 6. County: LAS ANIMAS
 7. Well Name: COWBOY CARL Well Number: 31-6
 8. Location: QtrQtr: NWNE Section: 6 Township: 32S Range: 65W Meridian: 6
 9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: RATON COAL Status: PRODUCING Treatment Type: ACID JOB

Treatment Date: 10/14/2014 End Date: 10/14/2014 Date of First Production this formation: 10/06/2007

Perforations Top: 930 Bottom: 1422 No. Holes: 272 Hole size: 0.48

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

--- PERFORATED AND ACIDIZE ADDITIONAL RATON INTERVALS AT 1050' - 1060' , 1093' - 1112' ---

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 119 Max pressure during treatment (psi): 1900

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): 7 Number of staged intervals: _____

Recycled water used in treatment (bbl): 112 Flowback volume recovered (bbl): 0

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: 10/18/2014 Hours: 24 Bbl oil: 0 Mcf Gas: 39 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 39 Bbl H2O: 0 GOR: 0

Test Method: Pumping Casing PSI: 9 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: 1448 Tbg setting date: 10/16/2014 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.

Comment:

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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
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Attachment Check List

Att Doc Num **Name**

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Total Attach: 0 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)