

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, reoperation 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 05-071-09348-00
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 [X] 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: [X]

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: 11/5/2014 Email Judy.Glinisty@pxd.com
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400724426	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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