IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORM 5A Rev 02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109

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Document Number: 2590722

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) 675-2685
Fax: (303) 294-1275

5. API Number 05-071-07537-00
6. County: LAS ANIMAS
7. Well Name: RIO
Well Number: 32-14
8. Location: QtrQtr: SWNE Section: 14 Township: 33S Range: 66W Meridian: 6
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: VERMEJO COAL Status: PRODUCING

Treatment Date: 10/23/2010 Date of First Production this formation: 03/07/2002

Perforations Top: 1360 Bottom: 1650 No. Holes: 96 Hole size: 12/25

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

TO ABANDON INTERVAL 1670-1676

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 10/23/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 14 Bbls H2O: 60

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 14 Bbls H2O: 60 GOR:

Test Method: PUMPING Casing PSI: 7 Tubing PSI: Choke Size: 18/64

Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 1004 API Gravity Oil: 0

Tubing Size: 2 + 7/8 Tubing Setting Depth: 1740 Tbg setting date: 09/16/2010 Packer Depth:

Reason for Non-Production:

Date formation Abandoned: 10/19/2010 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt

Bridge Plug Depth: 1665 Sacks cement on top:

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: SR. ENGINEERING TECH Date: 10/26/2010 Email: JUDY.GLINISTY@PXD.COM

Attachment Check List

Att Doc Num	Name
2590722	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)