

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:

400159750

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

5. API Number 05-071-09436-00 6. County: LAS ANIMAS
7. Well Name: ROSEAU Well Number: 31-8
8. Location: QtrQtr: NWNE Section: 8 Township: 32S Range: 65W Meridian: 6
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>COMMINGLED</u>		
Treatment Date: <u>03/17/2011</u>		Date of First Production this formation: <u>04/06/2011</u>		
Perforations	Top: <u>7299</u>	Bottom: <u>7319</u>	No. Holes: <u>58</u>	Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<div>DRILLED OUT CIBP SET @ 7215' REPERF CD (3/11/11) 7299-7309 HOLES 20 SIZE .38 Re-Frac Codell down 4-1/2" Csg w/ 258,649 gal Slickwater w/ 207,640# 40/70, 4,000# SuperLC.</div>				
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Test Information:				
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____
Calculated 24 hour rate: _____		Bbls oil: _____	Mcf Gas: _____	Bbls 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: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____				
Bridge Plug Depth: _____		Sacks cement on top: _____		

FORMATION: <u>J SAND</u>		Status: <u>TEMPORARILY ABANDONED</u>	
Treatment Date: <u>03/10/2011</u>		Date of First Production this formation: <u>11/29/2004</u>	
Perforations	Top: <u>7753</u> Bottom: <u>7795</u>	No. Holes: <u>90</u>	Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<div style="border: 1px solid black; padding: 2px;">Pumped 3000# sand. Top of sand plug at 7543.</div>			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:			
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: _____		Bbls oil: _____	Mcf Gas: _____ Bbls 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:			
<div style="border: 1px solid black; padding: 2px;">Pumped 3000# sand. Top of sand plug at 7543.</div>			
Date formation Abandoned: <u>03/10/2011</u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: <u>7543</u>		Sacks cement on top: _____	

FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>03/17/2011</u>		Date of First Production this formation: <u>04/06/2011</u>	
Perforations	Top: <u>7020</u> Bottom: <u>7319</u>	No. Holes: <u>139</u>	Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<div style="border: 1px solid black; padding: 2px;">CD REFRAC</div>			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:			
Date: <u>04/26/2011</u>	Hours: <u>24</u>	Bbls oil: <u>27</u>	Mcf Gas: <u>43</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate: _____		Bbls oil: <u>27</u>	Mcf Gas: <u>43</u> Bbls H2O: <u>0</u> GOR: <u>1593</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1360</u>	Tubing PSI: <u>367</u>	Choke Size: _____
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1277</u>	API Gravity Oil: <u>50</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7272</u>	Tbg setting date: <u>03/23/2011</u>	Packer Depth: _____
Reason for Non-Production:			
<div style="border: 1px solid black; height: 20px;"></div>			
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: _____		Sacks cement on top: _____	

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 03/17/2011 Date of First Production this formation: 01/04/2010

Perforations Top: 7020 Bottom: 7091 No. Holes: 81 Hole size: 0.42

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

CD REFRAC

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

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls 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: _____

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: _____ Email Judy.Glinisty@pxd.com

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Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)