

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:

400219487

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 05-071-09862-00 6. County: LAS ANIMAS
7. Well Name: WD FEDERAL Well Number: 14-7 R
8. Location: QtrQtr: SW/SW Section: 7 Township: 33S Range: 65W Meridian: 6
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: VERMEJO COAL Status: PRODUCING
Treatment Date: 10/16/2011 Date of First Production this formation: 10/24/2011
Perforations Top: 1318 Bottom: 1567 No. Holes: 136 Hole size: 0.48
Provide a brief summary of the formation treatment: Open Hole: ☐
Fraced intervals at 1318' - 1321', 1358' - 1362', 1437' - 1444', 1470' - 1473', 1493' - 1497', 1511' - 1513', 1534' - 1540', 1554' - 1557', 1565' - 1567'. 16/30 - 247,709# - N2 - 24,221 hscf - 1,950 bbls 15# linear - 378 gals 7.5% HCl.
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 10/27/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 29 Bbls H2O: 174
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 29 Bbls H2O: 174 GOR: 0
Test Method: Pumping Casing PSI: 27 Tubing PSI: 0 Choke Size: 14/64
Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 1004 API Gravity Oil: 0
Tubing Size: 2 + 7/8 Tubing Setting Depth: 1620 Tbg setting date: 10/20/2011 Packer Depth: 0
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
400219490	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)