

FORM
5ARev
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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Document Number:

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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

5. API Number 05-071-07948-00 6. County: LAS ANIMAS
 7. Well Name: MILANO Well Number: 21-8
 8. Location: QtrQtr: NENW Section: 8 Township: 32S Range: 66W Meridian: 6
 9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: RATON SAND Status: PRODUCING Treatment Type: _____
 Treatment Date: _____ End Date: _____ Date of First Production this formation: 12/07/2012
 Perforations Top: 2156 Bottom: 2223 No. Holes: 116 Hole size: 0.48

Provide a brief summary of the formation treatment:

Open Hole: ☐

--- NOT FRACED --- Perforated intervals 2156' - 2158' , 2170' - 2176' , 2184' - 2202' , 2220' - 2223'.

This formation is commingled with another formation: ☒ Yes ☐ NoTotal fluid used in treatment (bbl): 145Max pressure during treatment (psi): 1173

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): 33

Number of staged intervals: _____

Recycled water used in treatment (bbl): 111Flowback volume recovered (bbl): 365

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: 12/09/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 74
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 74 GOR: 0
 Test Method: Pumping Casing PSI: 20 Tubing PSI: 0 Choke Size: 64/64
 Gas Disposition: _____ Gas Type: _____ Btu Gas: 1004 API Gravity Oil: 0
 Tubing Size: 2 + 7/8 Tubing Setting Depth: 2234 Tbg setting date: 12/04/2012 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.

FORMATION: VERMEJO COAL Status: TEMPORARILY ABANDONED Treatment Type: _____
Treatment Date: _____ End Date: _____ Date of First Production this formation: _____
Perforations Top: 2269 Bottom: 2473 No. Holes: 92 Hole size: 0.48
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

-- TO TEMPORARILY ABANDON VERMEJO ---

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

Total fluid used in treatment (bbl): _____

Max pressure during treatment (psi): _____

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): _____

Number of staged intervals: _____

Recycled water used in treatment (bbl): _____

Flowback volume recovered (bbl): _____

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: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: _____ Bbl oil: _____ Mcf Gas: _____ Bbl 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: RETRIEVABLE BRIDGE PLUG

Date formation Abandoned: 11/29/2012 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt _____

** Bridge Plug Depth: 2258 ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

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 Staff Engineering Tech Date: _____ Email: Judy.Glinisty@pxd.com

Attachment Check List

Att Doc Num	Name
400374127	WIRELIN JOB SUMMARY
400374128	WIRELIN JOB SUMMARY
400374130	WELLBORE DIAGRAM

Total Attach: 3 Files

General Comments

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

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Total: 0 comment(s)