

FORM
5A

Rev
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:

2288077

Date Received:

03/26/2012

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) 675-2658
Fax: (303) 294-1275

5. API Number 05-071-08516-00
6. County: LAS ANIMAS
7. Well Name: LORENCITO
Well Number: 13-2-34-67
8. Location: QtrQtr: SWSW Section: 2 Township: 34S Range: 67W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: VERMEJO COAL Status: PRODUCING Treatment Type:
Treatment Date: 10/24/2005 End Date: Date of First Production this formation: 11/01/2005
Perforations Top: 1348 Bottom: 1643 No. Holes: 68 Hole size: 48/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

REVISED FORM 5A TO SHOW CORRECTED LOCATION FROM PREVIOUSLY SUBMITTED 5A DATED 1/27/2006.

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: 11/04/2005 Hours: 24 Bbl oil: 0 Mcf Gas: 28 Bbl H2O: 86
Calculated 24 hour rate: Bbl oil: Mcf Gas: 28 Bbl H2O: 86 GOR: 0
Test Method: PUMPING Casing PSI: 15 Tubing PSI: Choke Size: 16/64
Gas Disposition: SOLD Gas Type: COAL GAS Btu Gas: 1004 API Gravity Oil: 0
Tubing Size: 2 + 7/8 Tubing Setting Depth: 1675 Tbg setting date: 10/28/2005 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:

20/40 - 150,349# - N2 - 1,023,800 SCF - 622 bbls 70% foam - 378 gals 7.5% HCL

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. ENGINEER TECH

Date: 3/23/2012

Email: JUDY.GLINISTY@PXD.COM

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Attachment Check List

Att Doc Num	Name
2288077	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Correcting location information from previously supplied form 5A.	5/2/2012 2:50:32 PM

Total: 1 comment(s)