

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400469784

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 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 05-073-06509-00 6. County: LINCOLN 7. Well Name: LONG VIEW FARM Well Number: 33-19-16-53 8. Location: QtrQtr: NWSE Section: 19 Township: 16S Range: 53W Meridian: 6 9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: MORROW Status: TEMPORARILY ABANDONED Treatment Type:

Treatment Date: End Date: Date of First Production this formation:

Perforations Top: 6322 Bottom: 6328 No. Holes: 24 Hole size: 0.46

Provide a brief summary of the formation treatment: Open Hole: []

--- TO TEMPORARILY ABANDON PERFORATED INTERVALS VIA CIBP DESCRIBED BELOW, NOT FRACED --- Perforated on 5/29/2013

This formation is commingled with another formation: [] Yes [X] 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: CIBP

Date formation Abandoned: 06/04/2013 Squeeze: [] Yes [X] No If yes, number of sacks cmt

** Bridge Plug Depth: 6300 ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

Comment:

THIS FORM 5A IS BEING FILED UNDER "CONFIDENTIAL" STATUS AS APPROVED BY THE COGCC ON 3-1-2013.

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

Attachment Check List

Att Doc Num **Name**

400469788	WIRELINE JOB SUMMARY
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Total Attach: 1 Files

General Comments

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

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Total: 0 comment(s)