

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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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: CHEROKEE Status: PRODUCING Treatment Type: ACID JOB
Treatment Date: 08/21/2013 End Date: 08/21/2013 Date of First Production this formation: 08/21/2013
Perforations Top: 5584 Bottom: 5618 No. Holes: 44 Hole size: 0.46

Provide a brief summary of the formation treatment:

Open Hole: ☐

Perforated 5584' - 5588' , 5600' - 5604' , 5614' - 5618'. 14 bbls 7.5% HCL, 97 bbls 2% KCL

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

Total fluid used in treatment (bbl): 111

Max pressure during treatment (psi): 1300

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): 14

Number of staged intervals:

Recycled water used in treatment (bbl):

Flowback volume recovered (bbl): 101

Fresh water used in treatment (bbl): 97

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: 08/21/2013 Hours: 24 Bbl oil: 3 Mcf Gas: 0 Bbl H2O: 98
Calculated 24 hour rate: Bbl oil: 3 Mcf Gas: 0 Bbl H2O: 98 GOR: 0
Test Method: SWAB Casing PSI: 0 Tubing PSI: 0 Choke Size: 64/64
Gas Disposition: Gas Type: Btu Gas: 0 API Gravity Oil: 0
Tubing Size: 2 + 7/8 Tubing Setting Depth: 5610 Tbg setting date: 08/20/2013 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:

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
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Attachment Check List

Att Doc Num **Name**

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Total Attach: 0 Files

General Comments

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

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Total: 0 comment(s)