

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



DE ET OE ES

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Date Received:

11/18/2013

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 05-071-08873-00
6. County: LAS ANIMAS
7. Well Name: Keyton
Well Number: 41-7V
8. Location: QtrQtr: NENE Section: 7 Township: 33S Range: 67W Meridian: 6
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: RATON-VERMEJO COALS Status: PRODUCING Treatment Type:
Treatment Date: End Date: Date of First Production this formation: 10/20/2013
Perforations Top: 1087 Bottom: 2618 No. Holes: 280 Hole size: 0.48
Provide a brief summary of the formation treatment: Open Hole: ☐
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: 10/21/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 7 Bbl H2O: 117
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 7 Bbl H2O: 117 GOR: 0
Test Method: Pumping Casing PSI: 26 Tubing PSI: 0 Choke Size: 64/64
Gas Disposition: SOLD Gas Type: COAL GAS Btu Gas: 1003 API Gravity Oil: 0
Tubing Size: 2 + 7/8 Tubing Setting Depth: 2752 Tbg setting date: 10/19/2013 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.

FORMATION: RATON COAL Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 10/15/2013 End Date: 10/16/2013 Date of First Production this formation: 10/20/2013
Perforations Top: 1087 Bottom: 1449 No. Holes: 172 Hole size: 0.48
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Fraced intervals at 1087' - 1089' , 1092' - 1096' , 1113' - 1116' , 1150' - 1153' , 1161' - 1164 , 1171' - 1174' , 1254' - 1258' , 1290' - 1293' , 1376' - 1379' , 1429' - 1439' , 1444' - 1449'. 16/30 - 205,038# - N2 - 1,103,011 hscf.

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

Total fluid used in treatment (bbl): 1010

Max pressure during treatment (psi): 3667

Total gas used in treatment (mcf): 110301

Fluid density at initial fracture (lbs/gal): 8.35

Type of gas used in treatment: NITROGEN

Min frac gradient (psi/ft): 0.48

Total acid used in treatment (bbl): 0

Number of staged intervals: 7

Recycled water used in treatment (bbl): 1010

Flowback volume recovered (bbl): 60

Fresh water used in treatment (bbl): 0

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 205038

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 10/21/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 7 Bbl H2O: 117
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 7 Bbl H2O: 117 GOR: 0
Test Method: Pumping Casing PSI: 26 Tubing PSI: 0 Choke Size: 64/64
Gas Disposition: SOLD Gas Type: COAL GAS Btu Gas: 1003 API Gravity Oil: 0
Tubing Size: 2 + 7/8 Tubing Setting Depth: 2752 Tbg setting date: 10/19/2013 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: _____ ** 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: Lead Engineering Tech Date: 11/18/2013 Email Judy.Glinisty@pxd.com

Attachment Check List

Att Doc Num	Name
400514570	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)