

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:

400514306

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 05-071-08258-00

7. Well Name: FAWN

6. County: LAS ANIMAS

Well Number: 42-17

8. Location: QtrQtr: SENE Section: 17 Township: 32S Range: 67W Meridian: 6

9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: <u>RATON COAL</u>		Status: <u>PRODUCING</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>09/30/2013</u>		End Date: <u>10/03/2013</u>		Date of First Production this formation: <u>10/11/2013</u>	
Perforations	Top: <u>1243</u>	Bottom: <u>2148</u>	No. Holes: <u>184</u>	Hole size: <u>0.48</u>	

Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Fraced intervals 1243' - 1246' , 1261' - 1264' , 1388' - 1391' , 1395' - 1398' , 1508' - 1512' , 1517' - 1520' , 1543' - 1546' , 1813' - 1816' , 1822' - 1826' , 1919' - 1922' , 1928' - 1931' , 1941' - 1946' , 2060' - 2063' , 2145' - 2148'. 16/30 - 289,849# - N2 - 3,001,534 hscf - 347 gal 7.5% HCL

This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Total fluid used in treatment (bbl): <u>1480</u>	Max pressure during treatment (psi): <u>5100</u>
Total gas used in treatment (mcf): <u>300153</u>	Fluid density at initial fracture (lbs/gal): <u>8.35</u>
Type of gas used in treatment: <u>NITROGEN</u>	Min frac gradient (psi/ft): <u>0.69</u>
Total acid used in treatment (bbl): <u>8</u>	Number of staged intervals: <u>9</u>
Recycled water used in treatment (bbl): <u>1480</u>	Flowback volume recovered (bbl): <u>209</u>
Fresh water used in treatment (bbl): <u>0</u>	Disposition method for flowback: <u>DISPOSAL</u>
Total proppant used (lbs): <u>289849</u>	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: <u>10/13/2013</u>	Hours: <u>24</u>	Bbl oil: <u>0</u>	Mcf Gas: <u>36</u>	Bbl H2O: <u>48</u>
Calculated 24 hour rate:	Bbl oil: <u>0</u>	Mcf Gas: <u>36</u>	Bbl H2O: <u>48</u>	GOR: <u>0</u>
Test Method: <u>Pumping</u>	Casing PSI: <u>33</u>	Tubing PSI: _____	Choke Size: <u>17/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>COAL GAS</u>	Btu Gas: <u>1005</u>	API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 7/8</u>	Tubing Setting Depth: <u>2217</u>	Tbg setting date: <u>10/10/2013</u>	Packer Depth: <u>0</u>	

Reason for Non-Production:

Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
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** Bridge Plug Depth: _____
 ** Sacks cement on top: _____
 ** Wireline and Cement Job Summary must be attached.

FORMATION: VERMEJO COAL Status: ABANDONED WELLBORE/COMPLETION Treatment Type: _____
Treatment Date: _____ End Date: _____ Date of First Production this formation: _____
Perforations Top: 2619 Bottom: 2870 No. Holes: 64 Hole size: 0.48
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

--- TO ABANDON VERMEJO FORMATION VIA CIBP DESCRIBED BELOW --

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: CIBP

Date formation Abandoned: 09/18/2013 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt _____

** Bridge Plug Depth: 2600 ** 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: _____ Email: Judy.Glinisty@pxd.com

Attachment Check List

Att Doc Num **Name**

400514347 WIRELINE JOB SUMMARY

Total Attach: 1 Files

General Comments

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

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Total: 0 comment(s)