

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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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 05-071-09572-00
6. County: LAS ANIMAS
7. Well Name: CREED
Well Number: 11-19
8. Location: QtrQtr: NWNW Section: 19 Township: 32S 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: 11/04/2008
Perforations Top: 1506 Bottom: 3046 No. Holes: 296 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: 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:
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: 10/14/2013 End Date: 10/14/2013 Date of First Production this formation: 11/04/2008
Perforations Top: 1506 Bottom: 2546 No. Holes: 236 Hole size: 0.48

Provide a brief summary of the formation treatment:

Open Hole: ☐

Fraced intervals at 1506' - 1510' , 1546' - 1549' , 1637' - 1648' , 1653' - 1656' , 1862' - 1867' - 1873' - 1876' - 1926' - 1933' , 2002' - 2007' , 2079' - 2076' . 20/40 - 344,548# - N2 - 2,393,768 hscf - 80 gals 15% HCL

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

Total fluid used in treatment (bbl): 1324

Max pressure during treatment (psi): 4000

Total gas used in treatment (mcf): 239376

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

Type of gas used in treatment: NITROGEN

Min frac gradient (psi/ft): 0.47

Total acid used in treatment (bbl): 1

Number of staged intervals: 7

Recycled water used in treatment (bbl): 1324

Flowback volume recovered (bbl): 403

Fresh water used in treatment (bbl): 0

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 344548

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 10/26/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 108 Bbl H2O: 82
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 108 Bbl H2O: 82 GOR: 0
Test Method: Pumping Casing PSI: 98 Tubing PSI: 0 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: COAL GAS Btu Gas: 1003 API Gravity Oil: 0
Tubing Size: 2 + 7/8 Tubing Setting Depth: 3089 Tbg setting date: 10/23/2013 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: _____ Email Judy.Glinisty@pxd.com

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)