

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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400516144

Date Received:

11/20/2013

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 05-071-09572-00  
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: 10/14/2013  
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: <u>RATON COAL</u>      |                  | Status: <u>COMMINGLED</u>   |                       | Treatment Type: <u>FRACTURE STIMULATION</u>                |  |
| Treatment Date: <u>10/14/2013</u> |                  | End Date: <u>10/14/2013</u> |                       | Date of First Production this formation: <u>11/04/2008</u> |  |
| Perforations                      | Top: <u>1506</u> | Bottom: <u>2546</u>         | No. Holes: <u>236</u> | Hole size: <u>0.48</u>                                     |  |

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: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |   |  |
| Total fluid used in treatment (bbl): <u>1324</u>   | Max pressure during treatment (psi): <u>4000</u>  |  |
| Total gas used in treatment (mcf): <u>239376</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>0.47</u>   |  |
| Total acid used in treatment (bbl): <u>1</u>   | Number of staged intervals: <u>7</u>  |  |
| Recycled water used in treatment (bbl): <u>1324</u>  | Flowback volume recovered (bbl): <u>403</u>   |  |
| Fresh water used in treatment (bbl): <u>0</u>  | Disposition method for flowback: <u>DISPOSAL</u>  |  |
| Total proppant used (lbs): <u>344548</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>10/26/2013</u>      | Hours: <u>24</u>                  | Bbl oil: <u>0</u>                   | Mcf Gas: <u>108</u>       | Bbl H2O: <u>82</u> |
| Calculated 24 hour rate:     | Bbl oil: <u>0</u>                 | Mcf Gas: <u>108</u>                 | Bbl H2O: <u>82</u>        | GOR: <u>0</u>      |
| Test Method: <u>Pumping</u>  | Casing PSI: <u>98</u>             | Tubing PSI: <u>0</u>                | Choke Size: <u>16/64</u>  |                    |
| Gas Disposition: <u>SOLD</u> | Gas Type: <u>COAL GAS</u>         | Btu Gas: <u>1003</u>                | API Gravity Oil: <u>0</u> |                    |
| Tubing Size: <u>2 + 7/8</u>  | Tubing Setting Depth: <u>3089</u> | Tbg setting date: <u>10/23/2013</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 _____ |
|---------------------------------|---|-----------------------------------|

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

FORMATION: VERMEJO COAL Status: COMMINGLED Treatment Type: \_\_\_\_\_  
Treatment Date: 10/29/2008 End Date: 10/29/2008 Date of First Production this formation: 11/04/2008  
Perforations Top: 2710 Bottom: 3046 No. Holes: 60 Hole size: 0.48  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

Fraced intervals at 2710' - 2713' , 2816' - 2819' , 2826' - 2829' , 2933' - 2936' , 3043' - 3046'.  
20/40 - 78,000# - N2 - 1,205,600 SCF - 850 bbls 70% foam - 336 gals 15% HCL.

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: 11/10/2008 Hours: 24 Bbl oil: 0 Mcf Gas: 41 Bbl H2O: 89  
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 41 Bbl H2O: 89 GOR: 0  
Test Method: Pumping Casing PSI: 101 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: 3084 Tbg setting date: 11/04/2008 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: \_\_\_\_\_

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: 11/20/2013 Email: Judy.Glinisty@pxd.com  
:

**Attachment Check List**

**Att Doc Num Name**

400516144 FORM 5A SUBMITTED

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