

FORM 5A  
Rev 06/12

State of Colorado  
Oil and Gas Conservation Commission

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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, reoperation 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  
 Email: Judy.Glinisty@pxd.com

5. API Number 05-073-06510-00  
 6. County: LINCOLN  
 7. Well Name: PARKER TRUST  
 Well Number: 33-22-17-55  
 8. Location: QtrQtr: NWSE Section: 22 Township: 17S Range: 55W Meridian: 6  
 9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: ATOKA Status: PRODUCING Treatment Type: ACID JOB  
 Treatment Date: 11/01/2013 End Date: 11/13/2013 Date of First Production this formation: 09/24/2013  
 Perforations Top: 6308 Bottom: 6429 No. Holes: 124 Hole size: 0.46

Provide a brief summary of the formation treatment:

Open Hole:

Perforated intervals 6334' - 6338' , 6337' - 6341' , 6353' - 6357' , 6374' - 6378' , 6377' - 6381' , 6422' - 6426' , 6525' - 6429'.

66 bbls 15% acid

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 66 Max pressure during treatment (psi): 1120  
 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): 66 Number of staged intervals: \_\_\_\_\_  
 Recycled water used in treatment (bbl): \_\_\_\_\_ Flowback volume recovered (bbl): 5  
 Fresh water used in treatment (bbl): 0 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: 11/13/2013 Hours: 8 Bbl oil: 0 Mcf Gas: \_\_\_\_\_ Bbl H2O: 5  
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 5 GOR: 0  
 Test Method: Swabbed Casing PSI: \_\_\_\_\_ Tubing PSI: \_\_\_\_\_ Choke Size: 64/64  
 Gas Disposition: \_\_\_\_\_ Gas Type: \_\_\_\_\_ Btu Gas: \_\_\_\_\_ API Gravity Oil: 0  
 Tubing Size: 2 + 7/8 Tubing Setting Depth: 6258 Tbg setting date: 12/12/2013 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:

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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: 1/17/2014 Email Judy.Glinisty@pxd.com

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### Attachment Check List

**Att Doc Num**      **Name**

400541628	FORM 5A SUBMITTED
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