

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:

400550144

Date Received:

02/04/2014

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
Email: Judy.Glinisty@pxd.com

5. API Number 05-071-07980-00
6. County: LAS ANIMAS
7. Well Name: LORENCITO
Well Number: 14-20-34-66
8. Location: QtrQtr: SESW Section: 20 Township: 34S Range: 66W 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: 11/17/2013
Perforations Top: 895 Bottom: 1866 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: 11/19/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 8 Bbl H2O: 71
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 8 Bbl H2O: 71 GOR: 0
Test Method: Swabbed Casing PSI: 15 Tubing PSI: 0 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: COAL GAS Btu Gas: 1004 API Gravity Oil: 0
Tubing Size: 2 + 7/8 Tubing Setting Depth: 1916 Tbg setting date: 11/16/2013 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: <u>RATON COAL</u>		Status: <u>COMMINGLED</u>		Treatment Type: <u>ACID JOB</u>	
Treatment Date: <u>11/14/2013</u>		End Date: <u>11/14/2013</u>		Date of First Production this formation: <u>11/17/2013</u>	
Perforations	Top: <u>895</u>	Bottom: <u>1054</u>	No. Holes: <u>208</u>	Hole size: <u>0.48</u>	

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

Perforated intervals 895' - 905' , 960' - 976' , 980' - 990' , 1038' - 1054'. Not fraced

These are intruded Raton coal intervals.

37.4 bbls water - 43.1 bbls 7.5% acid

This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Total fluid used in treatment (bbl): <u>80</u>	Max pressure during treatment (psi): <u>500</u>	
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): <u>43</u>	Number of staged intervals: _____	
Recycled water used in treatment (bbl): _____	Flowback volume recovered (bbl): <u>9</u>	
Fresh water used in treatment (bbl): <u>37</u>	Disposition method for flowback: <u>RECYCLE</u>	
Total proppant used (lbs): _____	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: _____	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: <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: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/25/2004 End Date: 05/25/2004 Date of First Production this formation: 11/17/2013

Perforations Top: 1621 Bottom: 1866 No. Holes: 72 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: 07/11/2004 Hours: 24 Bbl oil: 0 Mcf Gas: 133 Bbl H2O: 51

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 133 Bbl H2O: 51 GOR: 0

Test Method: Pumping Casing PSI: 6 Tubing PSI: 0 Choke Size: 64/64

Gas Disposition: SOLD Gas Type: COAL GAS Btu Gas: 1004 API Gravity Oil: 0

Tubing Size: 2 + 7/8 Tubing Setting Depth: 1893 Tbg setting date: 05/27/2004 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: 2/4/2014 Email: Judy.Glinisty@pxd.com

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400550144	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)