

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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 Email: Judy.Glinisty@pxd.com

5. API Number 05-071-07783-00 6. County: LAS ANIMAS 7. Well Name: BUTCH Well Number: 33-10 8. Location: QtrQtr: NWSE Section: 10 Township: 33S 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: 11/13/2013 Perforations Top: 834 Bottom: 2213 No. Holes: 248 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: 11/15/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 56 Bbl H2O: 0 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 56 Bbl H2O: 0 GOR: 0 Test Method: Swabbed Casing PSI: 19 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: 2233 Tbg setting date: 11/12/2013 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.

FORMATION: RATON COAL Status: COMMINGLED Treatment Type: ACID JOB

Treatment Date: 11/11/2013 End Date: 11/11/2013 Date of First Production this formation: 11/13/2013

Perforations Top: 834 Bottom: 864 No. Holes: 92 Hole size: 0.48

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

Perforated intervals 834' - 847' , 854' - 864'. Not Fraced.

These are intruded Raton coal intervals.

12.5 bbls water - 20 bbls 7.5% acid

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 32 Max pressure during treatment (psi): 450

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): 20 Number of staged intervals: \_\_\_\_\_

Recycled water used in treatment (bbl): \_\_\_\_\_ Flowback volume recovered (bbl): 0

Fresh water used in treatment (bbl): 12 Disposition method for flowback: RECYCLE

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: VERMEJO COAL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 07/23/2003 End Date: 07/23/2003 Date of First Production this formation: 10/02/2003  
Perforations Top: 1911 Bottom: 2213 No. Holes: 156 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: 10/02/2003 Hours: 24 Bbl oil: 0 Mcf Gas: 183 Bbl H2O: 29

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 183 Bbl H2O: 29 GOR: 0

Test Method: Pumping Casing PSI: 26 Tubing PSI: 0 Choke Size: 39/64

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

Tubing Size: 2 + 7/8 Tubing Setting Depth: 2239 Tbg setting date: 07/29/2003 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: 2/5/2014 Email: Judy.Glinisty@pxd.com

**Attachment Check List**

Att Doc Num	Name
400550692	FORM 5A SUBMITTED

Total Attach: 1 Files

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