

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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Date Received:

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 4. Contact Name: Judy Glinisty  
 2. Name of Operator: PIONEER NATURAL RESOURCES USA INC Phone: (303) 675-2658  
 3. Address: 1401 17TH ST STE 1200 Fax: (303) 294-1275  
 City: DENVER State: CO Zip: 80202 Email: Judy.Glinisty@pxd.com

5. API Number 05-071-06449-00 6. County: LAS ANIMAS  
 7. Well Name: LAURIE Well Number: 24-14  
 8. Location: QtrQtr: NENW Section: 14 Township: 33S Range: 66W Meridian: 6  
 9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: VERMEJO COAL Status: TEMPORARILY ABANDONED Treatment Type: \_\_\_\_\_

Treatment Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Date of First Production this formation: \_\_\_\_\_

Perforations Top: 1450 Bottom: 1758 No. Holes: 156 Hole size: 0.48

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

--- TO TEMPORARILY ABANDON VIA CEMENT RETAINER SET AT 1415' AS DETAILED BELOW ---

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: CEMENT RETAINER

Date formation Abandoned: 08/02/2013 Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_

\*\* Bridge Plug Depth: 1415 \*\* Sacks cement on top: \_\_\_\_\_ \*\* Wireline and Cement Job Summary must be attached.

Comment:

NOTE TO COGCC: YOUR RECORDS SHOULD INDICATE THAT THE WELL NUMBER IS 21-14 RATHER THAN 24-14. CORRECTION TO YOUR DATABASE IS REQUIRED.

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

<u>Att Doc Num</u>	<u>Name</u>
400554762	WIRELINE JOB SUMMARY
400554764	WELLBORE DIAGRAM
400554768	OTHER
400554769	OTHER

Total Attach: 4 Files

### General Comments

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

Total: 0 comment(s)