

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:

400640995

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
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 05-071-06241-00
6. County: LAS ANIMAS
7. Well Name: KATHY
Well Number: 21-11
8. Location: QtrQtr: NENW Section: 11 Township: 33S 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: 06/13/2014
Perforations Top: 407 Bottom: 1850 No. Holes: 333 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: 06/17/2014 Hours: 24 Bbl oil: 0 Mcf Gas: 44 Bbl H2O: 146
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 44 Bbl H2O: 146 GOR: 0
Test Method: Pumping Casing PSI: 17 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: 1884 Tbg setting date: 06/12/2014 Packer Depth: 0
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>06/04/2014</u>		End Date: <u>06/04/2014</u>		Date of First Production this formation: <u>06/13/2014</u>	
Perforations	Top: <u>407</u>	Bottom: <u>1193</u>	No. Holes: <u>168</u>	Hole size: <u>0.48</u>	

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

Fraced intervals at 407' - 412' , 472' - 476' , 483' - 486' , 531' - 534' , 661' - 665' , 674' - 677' , 697' - 700' , 776' - 783' , 1131' - 1138' , 1190' - 1193'.

This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Total fluid used in treatment (bbl): <u>1038</u>	Max pressure during treatment (psi): <u>4058</u>
Total gas used in treatment (mcf): <u>1342</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>0.83</u>
Total acid used in treatment (bbl): <u>0</u>	Number of staged intervals: <u>7</u>
Recycled water used in treatment (bbl): <u>1038</u>	Flowback volume recovered (bbl): <u>0</u>
Fresh water used in treatment (bbl): <u>0</u>	Disposition method for flowback: _____
Total proppant used (lbs): <u>209975</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: _____	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: <u>2 + 7/8</u>	Tubing Setting Depth: <u>1884</u>	Tbg setting date: <u>06/12/2014</u>	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: 06/14/1995 End Date: 06/14/1995 Date of First Production this formation: 06/13/2014

Perforations Top: 1600 Bottom: 1850 No. Holes: 165 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: 07/17/1995 Hours: 24 Bbl oil: 0 Mcf Gas: 135 Bbl H2O: 343

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 135 Bbl H2O: 343 GOR: 0

Test Method: Pumping Casing PSI: 26 Tubing PSI: 0 Choke Size: 32/64

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

Tubing Size: 2 + 7/8 Tubing Setting Depth: 1905 Tbg setting date: 07/14/1995 Packer Depth: 0

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: _____ Email: Judy.Glinisty@pxd.com

Attachment Check List

Att Doc Num **Name**

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Total Attach: 0 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)