

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 05-071-07203-00 6. County: LAS ANIMAS 7. Well Name: LORENCITO Well Number: 10-31-33-66 8. Location: QtrQtr: NWSE Section: 31 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: 10/14/2014 Perforations Top: 1042 Bottom: 1558 No. Holes: 352 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: 10/17/2014 Hours: 24 Bbl oil: 0 Mcf Gas: 39 Bbl H2O: 0 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 39 Bbl H2O: 0 GOR: 0 Test Method: Pumping Casing PSI: 7 Tubing PSI: 0 Choke Size: 64 Gas Disposition: SOLD Gas Type: COAL GAS Btu Gas: 998 API Gravity Oil: 0 Tubing Size: 2 + 7/8 Tubing Setting Depth: 1571 Tbg setting date: 10/10/2014 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: RATON COAL Status: COMMINGLED Treatment Type: ACID JOB

Treatment Date: 10/08/2014 End Date: 10/08/2014 Date of First Production this formation: 10/14/2014

Perforations Top: 1042 Bottom: 1134 No. Holes: 264 Hole size: 0.48

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

--- TO PERFORATE AND ACIDIZE NEW RATON INTERVALS AT 1042' - 1058' , 1084' - 1134' ----

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 128 Max pressure during treatment (psi): 2040

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): 13 Number of staged intervals:

Recycled water used in treatment (bbl): 115 Flowback volume recovered (bbl): 0

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:

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: 12/02/2000 End Date: 12/02/2000 Date of First Production this formation: 12/09/2000

Perforations Top: 1250 Bottom: 1558 No. Holes: 88 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: 12/09/2000 Hours: 24 Bbl oil: 0 Mcf Gas: 50 Bbl H2O: 450

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 50 Bbl H2O: 450 GOR: 0

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

Gas Disposition: SOLD Gas Type: COAL GAS Btu Gas: 998 API Gravity Oil: 0

Tubing Size: 2 + 7/8 Tubing Setting Depth: 1560 Tbg setting date: 12/07/2000 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: 11/6/2014 Email Judy.Glinisty@pxd.com

**Attachment Check List**

Att Doc Num	Name
400724774	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

User Group	Comment	Comment Date

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