

**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:  
400735084

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: <u>10084</u>	4. Contact Name: <u>Judy Glinisty</u>
2. Name of Operator: <u>PIONEER NATURAL RESOURCES USA INC</u>	Phone: <u>(303) 675-2658</u>
3. Address: <u>1401 17TH ST STE 1200</u>	Fax: <u>(303) 294-1275</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>Judy.Glinisty@pxd.com</u>

5. API Number <u>05-071-07882-00</u>	6. County: <u>LAS ANIMAS</u>
7. Well Name: <u>PALLET RANCH</u>	Well Number: <u>34-25</u>
8. Location: QtrQtr: <u>SWSE</u> Section: <u>25</u> Township: <u>32S</u> Range: <u>66W</u> Meridian: <u>6</u>	
9. Field Name: <u>PURGATOIRE RIVER</u> Field Code: <u>70830</u>	

### Completed Interval

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

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

Perforations Top: 1705 Bottom: 1941 No. Holes: 136 Hole size: 0.48

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

--- TO TEMPORARILY ABANDON VIA CIBP SET AT 1670' 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: CIBP

Date formation Abandoned: 10/17/2014 Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_

\*\* Bridge Plug Depth: 1670 \*\* 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
400735087	WIRELINE JOB SUMMARY
400735088	OTHER
400735089	OTHER
400735094	WELLBORE DIAGRAM

Total Attach: 4 Files

## General Comments

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

Total: 0 comment(s)