

FORM  
5ARev  
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



DE ET OE ES

Document Number:

400250062

Date Received:

02/08/2012

## 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

5. API Number 05-071-09856-00 6. County: LAS ANIMAS  
 7. Well Name: LARISSA Well Number: 32-35  
 8. Location: QtrQtr: SWNE Section: 35 Township: 32S Range: 68W Meridian: 6  
 9. Field Name: PURGATOIRE RIVER Field Code: 70830

## Completed Interval

FORMATION: VERMEJO COAL Status: PRODUCING Treatment Type: \_\_\_\_\_  
 Treatment Date: 12/30/2011 End Date: \_\_\_\_\_ Date of First Production this formation: 02/04/2012  
 Perforations Top: 2180 Bottom: 2482 No. Holes: 108 Hole size: 0.48

Provide a brief summary of the formation treatment:

Open Hole: ☐

Faced intervals at 2180' - 2183', 2223' - 2227', 2297' - 2300', 2395' - 2401', 2456' - 2460', 2475' - 2482'. 16/30 - 132,173# - N2 - 15,240 hscf - 1,266 bbls 15# linear - 168 gals 15% HCl - 231 gals 7.5% HCl.

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: \_\_\_\_\_

Max 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: 02/06/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 39 Bbl H2O: 90  
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 39 Bbl H2O: 90 GOR: 0  
 Test Method: Pumping Casing PSI: 120 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: 2502 Tbg setting date: 01/31/2012 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:

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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: Sr. Engineering Tech Date: 2/8/2012 Email Judy.Glinisty@pxd.com  
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### **Attachment Check List**

Att Doc Num	Name
400250062	FORM 5A SUBMITTED
400250068	WELLBORE DIAGRAM

Total Attach: 2 Files

### **General Comments**

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

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Total: 0 comment(s)