

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:

400253481

Date Received:

02/20/2012

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

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

5. API Number 05-071-09338-00

7. Well Name: VALLEJO

8. Location: QtrQtr: SENE Section: 19 Township: 33S Range: 67W Meridian: 6

9. Field Name: PURGATOIRE RIVER Field Code: 70830

6. County: LAS ANIMAS

Well Number: 32-19

Completed Interval

FORMATION: RATON-VERMEJO COALS Status: PRODUCING Treatment Type: _____
Treatment Date: 11/16/2011 End Date: _____ Date of First Production this formation: 01/25/2012
Perforations Top: 351 Bottom: 1834 No. Holes: 256 Hole size: 0.48

Provide a brief summary of the formation treatment:

Open Hole: ☐

Fraced intervals at 351' - 358' , 428' - 430' , 433' - 435' , 435' - 436' , 444' - 446' , 456' - 459' , 517' - 521' , 700' - 704' , 729' - 731' , 738' - 740' , 809' - 812' , 969' - 971' , 983' - 985' , 1505' - 1508' , 1553' - 1556' , 1580' - 1582' , 1586' - 1589' , 1615' - 1618' , 1689' - 1692' , 1776' - 1780' , 1819' - 1821' , 1831' - 1834'. 16/30 - 350,072# - N2 - 28,028 hscf - 2,621 bbls 15% linear - 147 gals 15% HCl - 168 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: _____

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: 01/27/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 38
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 38 GOR: _____
Test Method: PUMPING Casing PSI: 18 Tubing PSI: _____ Choke Size: 10/64
Gas Disposition: _____ Gas Type: _____ Btu Gas: 1004 API Gravity Oil: 0
Tubing Size: 2 + 7/8 Tubing Setting Depth: 1870 Tbg setting date: 12/10/2011 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: Sr. Engineering Tech Date: 2/20/2012 Email: Judy.Glinisty@pxd.com

Attachment Check List

Att Doc Num	Name
400253481	FORM 5A SUBMITTED
400253482	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	PRODUCTION TEST INFO NOT FILLED OUT	10/1/2012 2:47:12 PM

Total: 1 comment(s)