

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

5. API Number 05-071-09335-00 6. County: LAS ANIMAS 7. Well Name: SCARECROW Well Number: 22-2 8. Location: QtrQtr: SENW Section: 2 Township: 32S Range: 67W Meridian: 6 9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: RATON-VERMEJO COALS Status: ABANDONED WELLBORE/COMPLETION Treatment Type:

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

Perforations Top: 2760 Bottom: 3153 No. Holes: 128 Hole size: 0.48

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

--- TO ABANDON RATON/VERMEJO COAL FORMATION ---

This formation is commingled with another formation: [ ] Yes [X] 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: BRIDGE PLUG SET AT 2750'

Date formation Abandoned: 11/29/2012 Squeeze: [ ] Yes [X] No If yes, number of sacks cmt

\*\* Bridge Plug Depth: 2750 \*\* Sacks cement on top: \*\* Wireline and Cement Job Summary must be attached.

FORMATION: RATON SAND Status: SHUT IN Treatment Type: \_\_\_\_\_

Treatment Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Date of First Production this formation: 12/03/2012

Perforations Top: 2700 Bottom: 2710 No. Holes: 52 Hole size: 0.48

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

--- NOT FRACED --- Perforated intervals 2700' - 2710' , 2716' - 2719'.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 80 Max pressure during treatment (psi): 1826

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): 15 Number of staged intervals: \_\_\_\_\_

Recycled water used in treatment (bbl): 65 Flowback volume recovered (bbl): 25

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: 2 + 7/8 Tubing Setting Depth: 2730 Tbg setting date: 12/03/2012 Packer Depth: \_\_\_\_\_

Reason for Non-Production: RECOMPLETION WAS NON-PRODUCTIVE

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 Staff Engineering Tech Date: 1/16/2013 Email: Judy.Glinisty@pxd.com

**Attachment Check List**

Att Doc Num	Name
400370786	FORM 5A SUBMITTED
400370858	WELLBORE DIAGRAM
400370859	WIRELINE JOB SUMMARY

Total Attach: 3 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)