

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: 400375620

Date Received: 01/29/2013

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 05-071-08179-00 6. County: LAS ANIMAS  
 7. Well Name: RANCHER Well Number: 12-35  
 8. Location: QtrQtr: SWNW Section: 35 Township: 32S Range: 67W Meridian: 6  
 9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

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

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

Perforations Top: 725 Bottom: 849 No. Holes: 76 Hole size: 0.48

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

--- NOT FRACED --- Perforated intervals at 725' - 732' , 837' - 849'.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 89 Max pressure during treatment (psi): 962

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

Recycled water used in treatment (bbl): 66 Flowback volume recovered (bbl): 24

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: 11/29/2012 Hours: 0 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 0

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

Test Method: 0 Casing PSI: 0 Tubing PSI: 0 Choke Size: 0

Gas Disposition: \_\_\_\_\_ Gas Type: \_\_\_\_\_ Btu Gas: 0 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 915 Tbg setting date: 12/11/2012 Packer Depth: \_\_\_\_\_

Reason for Non-Production: RECOMPLETION 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:

THIS FORM IS REVISED FROM FORM 5A DOCUMENT NUMBER 400372914 DATED 1/22/2013 TO SHOW THE SHUT-IN DATE IN THE TEST INFORMATION DATE FIELD PER COGCC'S REQUEST.

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: 1/29/2013 Email Judy.Glinisty@pxd.com  
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### **Attachment Check List**

Att Doc Num	Name
400375620	FORM 5A SUBMITTED

Total Attach: 1 Files

### **General Comments**

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

Total: 0 comment(s)