

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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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: 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: Joy Ziegler
Phone: (303) 675-2663
Fax: (303) 294-1275

5. API Number 05-073-06510-00
6. County: LINCOLN
7. Well Name: PARKER TRUST
Well Number: 33-22-17-55
8. Location: QtrQtr: NWSE Section: 22 Township: 17S Range: 55W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: ATOKA Status: PRODUCING Treatment Type: ACID JOB
Treatment Date: 09/19/2013 End Date: 09/19/2013 Date of First Production this formation: 09/24/2013
Perforations Top: 6308 Bottom: 6312 No. Holes: 12 Hole size:

Provide a brief summary of the formation treatment:

Open Hole: ☐

Spotted 200 gal 7.5% acid, 31.7 bbls 2% KCl

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 37

Max pressure during treatment (psi): 3800

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): 5

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: 09/25/2013 Hours: 3 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 38
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 312 GOR:
Test Method: Swab Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: 0 API Gravity Oil: 0
Tubing Size: 2 + 7/8 Tubing Setting Depth: 6340 Tbg setting date: 09/19/2013 Packer Depth: 6265

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:

Confidential Status

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Joy Ziegler

Title: Lead Engineering Tech. Date: _____ Email joy.ziegler@pxd.com
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Attachment Check List

Att Doc Num **Name**

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Total Attach: 0 Files

General Comments

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

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Total: 0 comment(s)