

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



Table with columns DE, ET, OE, ES

Document Number: 400499299

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 [X] 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  
:

### Attachment Check List

**Att Doc Num**      **Name**

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files

### General Comments

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

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

Total: 0 comment(s)