

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



DE ET OE ES

Document Number:

400515487

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: Judy Glinisty
Phone: (303) 675-2658
Fax: (303) 294-1275

5. API Number 05-071-09359-00
6. County: LAS ANIMAS
7. Well Name: Cherry
Well Number: 41-5V
8. Location: QtrQtr: NENE Section: 5 Township: 33S Range: 67W Meridian: 6
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: RATON COAL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/24/2013 End Date: 10/25/2013 Date of First Production this formation: 11/11/2013

Perforations Top: 609 Bottom: 1273 No. Holes: 276 Hole size: 0.48

Provide a brief summary of the formation treatment: Open Hole: ☐

Fraced intervals at 609' - 612', 631' - 636', 809' - 813', 827' - 830', 859' - 863', 950' - 963', 987' - 991', 1097' - 1101', 1162' - 1166', 1172' - 1175', 1179' - 1182', 1211' - 1214', 1239' - 1248', 1266' - 1273'. 16/30 - 408,899# - N2 - 24,389 hscf - no acid.

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

Total fluid used in treatment (bbl): 2012 Max pressure during treatment (psi): 4898

Total gas used in treatment (mcf): 2438 Fluid density at initial fracture (lbs/gal): 8.35

Type of gas used in treatment: NITROGEN Min frac gradient (psi/ft): 0.49

Total acid used in treatment (bbl): 0 Number of staged intervals: 10

Recycled water used in treatment (bbl): 2012 Flowback volume recovered (bbl): 764

Fresh water used in treatment (bbl): 0 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 408899 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 11/13/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 58

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 58 GOR: 0

Test Method: Pumping Casing PSI: 34 Tubing PSI: 0 Choke Size: 16/64

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

Tubing Size: 2 + 7/8 Tubing Setting Depth: 1326 Tbg setting date: 11/06/2013 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.

FORMATION: VERMEJO COAL Status: ABANDONED WELLBORE/COMPLETION Treatment Type: _____
Treatment Date: _____ End Date: _____ Date of First Production this formation: _____
Perforations Top: 1940 Bottom: 2362 No. Holes: 80 Hole size: 0.48
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

--- VERMEJO FORMATION ABANDONED VIA CIBP DESCRIBED BELOW --

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: _____ 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: CIBP
Date formation Abandoned: 06/15/2010 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____
** Bridge Plug Depth: 1897 ** 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: Lead Engineering Tech Date: _____ Email: Judy.Glinisty@pxd.com

Attachment Check List

Att Doc Num **Name**

400515506 WIRELINE JOB SUMMARY

Total Attach: 1 Files

General Comments

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

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Total: 0 comment(s)