

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:

400557944

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
Email: Judy.Glinisty@pxd.com

5. API Number 05-071-09189-00
6. County: LAS ANIMAS
7. Well Name: BRUIN
Well Number: 23-28
8. Location: QtrQtr: NESW Section: 28 Township: 33S Range: 66W Meridian: 6
9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: RATON COAL Status: PRODUCING Treatment Type: ACID JOB
Treatment Date: 11/12/2013 End Date: 11/12/2013 Date of First Production this formation: 11/14/2013
Perforations Top: 1036 Bottom: 1055 No. Holes: 76 Hole size: 0.48

Provide a brief summary of the formation treatment:

Open Hole: ☐

Perforated intervals at 1036' - 1046', 1046' - 1055'. Not fraced

13.5 bbls water - 19 bbls 7.5% acid

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

Total fluid used in treatment (bbl): 32

Max pressure during treatment (psi): 200

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): 19

Number of staged intervals:

Recycled water used in treatment (bbl):

Flowback volume recovered (bbl): 0

Fresh water used in treatment (bbl): 13

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: 11/17/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 12 Bbl H2O: 2
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 12 Bbl H2O: 2 GOR: 0
Test Method: Pumping Casing PSI: 42 Tubing PSI: 0 Choke Size: 20/64
Gas Disposition: SOLD Gas Type: COAL GAS Btu Gas: 1005 API Gravity Oil: 0
Tubing Size: 2 + 7/8 Tubing Setting Depth: 1128 Tbg setting date: 11/13/2013 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: TEMPORARILY ABANDONED Treatment Type: _____

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

Perforations Top: 1223 Bottom: 1267 No. Holes: 36 Hole size: 0.48

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

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: 11/12/2013 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt _____

** Bridge Plug Depth: 1200 ** 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
400557973	WIRELINE JOB SUMMARY
400557975	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)