

FORM
5ARev
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:

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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 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 Email: Judy.Glinisty@pxd.com

5. API Number 05-071-09814-00 6. County: LAS ANIMAS
 7. Well Name: DJEMBE Well Number: 21-12
 8. Location: QtrQtr: NENW Section: 12 Township: 33S Range: 68W Meridian: 6
 9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: RATON-VERMEJO COALS Status: PRODUCING Treatment Type: _____
 Treatment Date: _____ End Date: _____ Date of First Production this formation: 05/05/2014
 Perforations Top: 695 Bottom: 2097 No. Holes: 220 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: 05/08/2014 Hours: 24 Bbl oil: 0 Mcf Gas: 30 Bbl H₂O: 222
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 30 Bbl H₂O: 222 GOR: 0
 Test Method: Pumping Casing PSI: 32 Tubing PSI: 0 Choke Size: 16/64
 Gas Disposition: SOLD Gas Type: COAL GAS Btu Gas: 1004 API Gravity Oil: 0
 Tubing Size: 2 + 7/8 Tubing Setting Depth: 2151 Tbg setting date: 05/03/2014 Packer Depth: 0
 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: <u>RATON COAL</u>		Status: <u>COMMINGLED</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>04/16/2014</u>		End Date: <u>04/21/2014</u>		Date of First Production this formation: <u>05/05/2014</u>	
Perforations	Top: <u>695</u>	Bottom: <u>1145</u>	No. Holes: <u>132</u>	Hole size: <u>0.48</u>	

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

Fraced intervals at 695' - 703' , 872' - 875' , 879' - 882' , 1004' - 1017' , 1060' - 1063' , 1142' - 1145'.

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

Total fluid used in treatment (bbl): <u>1170</u>	Max pressure during treatment (psi): <u>4980</u>
Total gas used in treatment (mcf): <u>1690</u>	Fluid density at initial fracture (lbs/gal): <u>8.35</u>
Type of gas used in treatment: <u>NITROGEN</u>	Min frac gradient (psi/ft): <u>0.94</u>
Total acid used in treatment (bbl): <u>2</u>	Number of staged intervals: <u>5</u>
Recycled water used in treatment (bbl): <u>1170</u>	Flowback volume recovered (bbl): <u>0</u>
Fresh water used in treatment (bbl): <u>0</u>	Disposition method for flowback: _____
Total proppant used (lbs): <u>210875</u>	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>

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: <u>2 + 7/8</u>	Tubing Setting Depth: <u>2151</u>	Tbg setting date: <u>05/03/2014</u>	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: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/03/2011 End Date: 10/08/2011 Date of First Production this formation: 05/05/2014

Perforations Top: 1828 Bottom: 2097 No. Holes: 88 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: 10/11/2011 Hours: 24 Bbl oil: 0 Mcf Gas: 14 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 14 Bbl H2O: 0 GOR: 0

Test Method: Pumping Casing PSI: 24 Tubing PSI: 0 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: COAL GAS Btu Gas: 1004 API Gravity Oil: 0

Tubing Size: 2 + 7/8 Tubing Setting Depth: 2150 Tbg setting date: 10/07/2011 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.

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

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Total Attach: 0 Files

General Comments

User Group Comment Comment Date

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Total: 0 comment(s)