

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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Document Number:

400642739

Date Received:

07/10/2014

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 05-071-08901-00

7. Well Name: FOOLS GOLD

8. Location: QtrQtr: SWSE Section: 17 Township: 33S Range: 66W Meridian: 6

9. Field Name: PURGATOIRE RIVER Field Code: 70830

6. County: LAS ANIMAS

Well Number: 34-17

### Completed Interval

FORMATION: VERMEJO COAL Status: TEMPORARILY ABANDONED Treatment Type: \_\_\_\_\_  
Treatment Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Date of First Production this formation: \_\_\_\_\_  
Perforations Top: 1400 Bottom: 1715 No. Holes: 136 Hole size: 0.48  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

--- TO TEMPORARILY ABANDON VIA TWO CIBPS SET AT 1370' AND 1540' AS DETAILED BELOW --

THIS FORM 5A WILL ALSO SERVE TO CORRECT TOP AND BOTTOM PERFORATIONS PREVIOUSLY SUBMITTED ON FORM 5A DATED 3-14-2007 FROM 1618' AND 1982' TO 1400' AND 1715'.

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: CIBPS

Date formation Abandoned: 06/13/2014 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt \_\_\_\_\_

\*\* Bridge Plug Depth: 1370 \*\* 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: 7/10/2014 Email: Judy.Glinisty@pxd.com  
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### Attachment Check List

Att Doc Num	Name
400642739	FORM 5A SUBMITTED
400642750	WIRELINE JOB SUMMARY
400642751	WIRELINE JOB SUMMARY
400642753	OTHER
400642754	OTHER
400642757	WELLBORE DIAGRAM

Total Attach: 6 Files

## General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)