

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:

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: <u>10084</u>	4. Contact Name: <u>Judy Glinisty</u>
2. Name of Operator: <u>PIONEER NATURAL RESOURCES USA INC</u>	Phone: <u>(303) 675-2658</u>
3. Address: <u>1401 17TH ST STE 1200</u>	Fax: <u>(303) 294-1275</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>Judy.Glinisty@pxd.com</u>

5. API Number <u>05-071-08901-00</u>	6. County: <u>LAS ANIMAS</u>
7. Well Name: <u>FOOLS GOLD</u>	Well Number: <u>34-17</u>
8. Location: QtrQtr: <u>SWSE</u> Section: <u>17</u> Township: <u>33S</u> Range: <u>66W</u> Meridian: <u>6</u>	
9. Field Name: <u>PURGATOIRE RIVER</u> Field Code: <u>70830</u>	

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

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

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

Total: 0 comment(s)