

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:

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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
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:
Email: Judy.Glinisty@pxd.com

5. API Number 05-071-09489-00
6. County: LAS ANIMAS
7. Well Name: VANDER
Well Number: 21-30
8. Location: QtrQtr: NENW Section: 30 Township: 31S Range: 65W 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: 07/03/2014
Perforations Top: 798 Bottom: 1488 No. Holes: 250 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): 1467 Max pressure during treatment (psi): 4687
Total gas used in treatment (mcf): 2386 Fluid density at initial fracture (lbs/gal): 8.35
Type of gas used in treatment: NITROGEN Min frac gradient (psi/ft): 0.74
Total acid used in treatment (bbl): 6 Number of staged intervals: 9
Recycled water used in treatment (bbl): 1467 Flowback volume recovered (bbl): 0
Fresh water used in treatment (bbl): 0 Disposition method for flowback:
Total proppant used (lbs): 230056 Rule 805 green completion techniques were utilized: ☒
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 07/04/2014 Hours: 24 Bbl oil: 0 Mcf Gas: 6 Bbl H2O: 46
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 6 Bbl H2O: 46 GOR: 0
Test Method: Pumping Casing PSI: 36 Tubing PSI: 0 Choke Size: 64/64
Gas Disposition: SOLD Gas Type: COAL GAS Btu Gas: 1003 API Gravity Oil: 0
Tubing Size: 2 + 7/8 Tubing Setting Depth: 1555 Tbg setting date: 07/01/2014 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>06/23/2014</u>		End Date: <u>06/25/2014</u>		Date of First Production this formation: <u>07/03/2014</u>	
Perforations	Top: <u>798</u>	Bottom: <u>1156</u>	No. Holes: <u>130</u>	Hole size: <u>0.48</u>	

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

Fraced additional Raton intervals 798' - 801' , 816' - 818' , 821' - 823' , 1141' - 1150' , 1154' - 1156'.

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: <input 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: _____	Tubing Setting Depth: _____	Tbg setting date: _____	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: 06/23/2014 End Date: 06/25/2014 Date of First Production this formation: 07/03/2014
Perforations Top: 1356 Bottom: 1488 No. Holes: 120 Hole size: 0.48

Provide a brief summary of the formation treatment:

Open Hole: ☐

Fraced intervals at 1356' - 1359' , 1377' - 1380' , 1394' - 1396' , 1398' - 1400' , 1404' - 1407' , 1417' - 1420' , 1437' - 1446' , 1483' - 1488'.

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:

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

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)