

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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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 05-071-07203-00  
6. County: LAS ANIMAS  
7. Well Name: LORENCITO  
Well Number: 10-31-33-66  
8. Location: QtrQtr: NWSE Section: 31 Township: 33S Range: 66W 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: 10/14/2014  
Perforations Top: 1042 Bottom: 1558 No. Holes: 352 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: 10/17/2014 Hours: 24 Bbl oil: 0 Mcf Gas: 39 Bbl H2O: 0  
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 39 Bbl H2O: 0 GOR: 0  
Test Method: Pumping Casing PSI: 7 Tubing PSI: 0 Choke Size: 64  
Gas Disposition: SOLD Gas Type: COAL GAS Btu Gas: 998 API Gravity Oil: 0  
Tubing Size: 2 + 7/8 Tubing Setting Depth: 1571 Tbg setting date: 10/10/2014 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: RATON COAL		Status: COMMINGLED		Treatment Type: ACID JOB	
Treatment Date: 10/08/2014		End Date: 10/08/2014		Date of First Production this formation: 10/14/2014	
Perforations Top: 1042		Bottom: 1134		No. Holes: 264      Hole size: 0.48	
Provide a brief summary of the formation treatment:				Open Hole: <input type="checkbox"/>	
--- TO PERFORATE AND ACIDIZE NEW RATON INTERVALS AT 1042' - 1058' , 1084' - 1134' ----					
This formation is commingled with another formation:				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Total fluid used in treatment (bbl): 128		Max pressure during treatment (psi): 2040			
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): 13		Number of staged intervals:			
Recycled water used in treatment (bbl): 115		Flowback volume recovered (bbl): 0			
Fresh water used in treatment (bbl):		Disposition method for flowback:			
Total proppant used (lbs):		Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>			
Reason why green completion not utilized:					
<b>Fracture stimulations must be reported on FracFocus.org</b>					
<b><u>Test Information:</u></b>					
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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
Date formation Abandoned:	Squeeze:	<input type="checkbox"/> Yes <input type="checkbox"/> 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: 12/02/2000 End Date: 12/02/2000 Date of First Production this formation: 10/14/2014  
Perforations Top: 1250 Bottom: 1558 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: 12/09/2000 Hours: 24 Bbl oil: 0 Mcf Gas: 50 Bbl H2O: 450  
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 50 Bbl H2O: 450 GOR: 0  
Test Method: Pumping Casing PSI: 0 Tubing PSI: 0 Choke Size: 64/64  
Gas Disposition: SOLD Gas Type: COAL GAS Btu Gas: 998 API Gravity Oil: 0  
Tubing Size: 2 + 7/8 Tubing Setting Depth: 1560 Tbg setting date: 12/07/2000 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)