

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:
400735084

Date Received:
11/19/2014

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>05-071-07882-00</u>	6. County: <u>LAS ANIMAS</u>
7. Well Name: <u>PALLET RANCH</u>	Well Number: <u>34-25</u>
8. Location: QtrQtr: <u>SWSE</u> Section: <u>25</u> Township: <u>32S</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: 1705 Bottom: 1941 No. Holes: 136 Hole size: 0.48

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

--- TO TEMPORARILY ABANDON VIA CIBP SET AT 1670' AS DETAILED BELOW ---

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: CIBP

Date formation Abandoned: 10/17/2014 Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: 1670 ** 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: 11/19/2014 Email: Judy.Glinisty@pxd.com

Attachment Check List

Att Doc Num	Name
400735084	FORM 5A SUBMITTED
400735087	WIRELINE JOB SUMMARY
400735088	OTHER
400735089	OTHER
400735094	WELLBORE DIAGRAM

Total Attach: 5 Files

General Comments

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

Total: 0 comment(s)