

FORM
5

Rev
02/08

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

DRILLING COMPLETION REPORT

Document Number:

2588055

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type Final completion Preliminary completion

1. OGCC Operator Number: 10084 4. Contact Name: JUDY GLINISTY
 2. Name of Operator: PIONEER NATURAL RESOURCES USA INC Phone: (303) 675-2658
 3. Address: 1401 17TH ST STE 1200 Fax: (303) 294-1275
 City: DENVER State: CO Zip: 80202

5. API Number 05-071-09820-00 6. County: LAS ANIMAS
 7. Well Name: TURLINGTON Well Number: 22-28
 8. Location: QtrQtr: SE/NW Section: 28 Township: 31S Range: 65W Meridian: 6
 Footage at surface: Distance: 2337 feet Direction: FNL Distance: 1705 feet Direction: FWL
 As Drilled Latitude: 37.317430 As Drilled Longitude: -104.680580

GPS Data:

Data of Measurement: 08/10/2011 PDOP Reading: 5.0 GPS Instrument Operator's Name: ADRIAN VALDEZ

** If directional footage at Top of Prod. Zone Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____

Sec: _____ Twp: _____ Rng: _____

** If directional footage at Bottom Hole Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____

Sec: _____ Twp: _____ Rng: _____

9. Field Name: PURGATOIRE RIVER 10. Field Number: 70830

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 07/18/2011 13. Date TD: 07/19/2011 14. Date Casing Set or D&A: 07/19/2011

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 1585 TVD** _____ 17 Plug Back Total Depth MD 1545 TVD** _____

18. Elevations GR 7132 KB 7136

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

COMPENSATED DENSITY, SINGLE INDUCTION CEMENT BOND AND MUD LOGS

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	12	12+3/4		0	8				CALC
SURF	12	8+5/8		0	770	407	0	770	CALC
1ST	7+7/8	5+1/2		0	1,562	190	150	1,562	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

Details of work:

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
RATON COAL	0	1,200	<input type="checkbox"/>	<input type="checkbox"/>	
VERMEJO COAL	1,200	1,438	<input type="checkbox"/>	<input type="checkbox"/>	
TRINIDAD	1,438		<input type="checkbox"/>	<input type="checkbox"/>	

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: SR. ENGINEER TECH Date: 8/17/2011 Email: JUDY.GLINISTY@PXD.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
2588056	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
2588055	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)