

**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

Document Number:

2588175

DRILLING COMPLETION REPORT

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 05-071-09847-00

6. County: LAS ANIMAS

7. Well Name: TALON

Well Number: 34-25 TR

8. Location: QtrQtr: SWSE Section: 25 Township: 32S Range: 68W Meridian: 6

Footage at surface: Distance: 753 feet Direction: FSL Distance: 1556 feet Direction: FEL

As Drilled Latitude: 37.224420 As Drilled Longitude: -104.943310

GPS Data:

Data of Measurement: 08/15/2011 PDOP Reading: 4.4 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) 07/28/2011 13. Date TD: 07/31/2011 14. Date Casing Set or D&A: 08/01/2011

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 2441 TVD** 17 Plug Back Total Depth MD 2384 TVD**

18. Elevations GR 8133 KB 8137

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 AND CEMENT BOND 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	13+3/8		0	12				CALC
SURF	12	8+5/8		0	1,106	849	0	1,106	CALC
1ST	7+7/8	5+1/2		0	2,406	324	86	2,406	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	
TRINIDAD			<input type="checkbox"/>	<input type="checkbox"/>	
RATON COAL	0	2,363	<input type="checkbox"/>	<input type="checkbox"/>	
VERMEJO COAL	2,363		<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: 8/23/2011

Email: JUDY.GLINISTY@PXD.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2072733	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"/>
<u>Other Attachments</u>					
2588175	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	CMT TKS REC	10/24/2011 9:06:40 AM
Permit	HARD COPY CBL DOC#2202702, REQ TO BE SCANNED AND INDEXED TO WELLFILE. REQ CMT TKT	10/24/2011 8:06:24 AM

Total: 2 comment(s)