

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



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DRILLING COMPLETION REPORT

Document Number:  
2588693

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  
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

5. API Number 05-071-09814-00  
6. County: LAS ANIMAS  
7. Well Name: DJEMBE Well Number: 21-12  
8. Location: QtrQtr: NE/NW Section: 12 Township: 33S Range: 68W Meridian: 6  
Footage at surface: Distance: 788 feet Direction: FNL Distance: 2203 feet Direction: FWL  
As Drilled Latitude: 37.191190 As Drilled Longitude: -104.948130

GPS Data:

Data of Measurement: 09/13/2011 PDOP Reading: 5.2 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) 08/25/2011 13. Date TD: 08/26/2011 14. Date Casing Set or D&A: 08/26/2011

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 2350 TVD\*\* 17 Plug Back Total Depth MD 2308 TVD\*\*

18. Elevations GR 7717 KB 7721

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 DENISTY REPORT, SINGEL INDUCTION, MUD 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+1/4	13+3/8		0	8				CALC
SURF	12+1/4	8+5/8		0	437	241	0	437	CALC
1ST	7+7/8	5+1/2		0	2,321	273	248	2,321	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	1,794	<input type="checkbox"/>	<input type="checkbox"/>	
VERMEJO COAL	1,794	2,168	<input type="checkbox"/>	<input type="checkbox"/>	
TRINIDAD	2,168		<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 ENGINEERING TECH Date: 10/4/2011 Email: JUDY.GLINISTY@PXD.COM

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
2588694	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"/>
<b>Other Attachments</b>			
2588693	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)