

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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Document Number:

400223735

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: <u>10084</u>	4. Contact Name: <u>JUDY GLINISTY</u>
2. Name of Operator: <u>PIONEER NATURAL RESOURCES USA INC</u>	Phone: <u>(303) 875-2858</u>
3. Address: <u>1401 17TH ST STE 1200</u>	Fax: <u>(202) 294-1275</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-071-09878-00</u>	6. County: <u>LAS ANIMAS</u>
7. Well Name: <u>ROLLS ROYCE</u>	Well Number: <u>33-36</u>
8. Location: QtrQtr: <u>NW/SE</u> Section: <u>36</u> Township: <u>32S</u> Range: <u>66W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>2078</u> feet Direction: <u>FSL</u> Distance: <u>1824</u> feet Direction: <u>FEL</u>	
As Drilled Latitude: <u>37.213160</u> As Drilled Longitude: <u>-104.728630</u>	

GPS Data:
Data of Measurement: 10/04/2011 PDOP Reading: 5.5 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: <u>PURGATOIRE RIVER</u>	10. Field Number: <u>70830</u>
11. Federal, Indian or State Lease Number: _____	

12. Spud Date: (when the 1st bit hit the dirt) <u>09/15/2011</u>	13. Date TD: <u>09/18/2011</u>	14. Date Casing Set or D&A: <u>09/18/2011</u>
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15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD <u>1810</u> TVD** _____	17 Plug Back Total Depth MD <u>1759</u> TVD** _____
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18. Elevations GR <u>7120</u> KB <u>7124</u>	One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.
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19. List Electric Logs Run:

SI, MUD, CB, CDN

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	16				CALC
SURF	12+1/4	8+5/8		0	479	197	0	479	CALC
1ST	7+7/8	5+1/2		0	1,780	171	250	1,780	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	1,371	<input type="checkbox"/>	<input type="checkbox"/>	
VERMEJO COAL	1,371	1,651	<input type="checkbox"/>	<input type="checkbox"/>	
TRINIDAD	1,651		<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 ENG TECH Date: 10/13/2011 Email: _____

The subreport 'subreport3' could not be found at the specified location W:\Inetpub\Net\Reports\AttachListNew.rdlc. Please

General Comments

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

Total: 0 comment(s)