

FORM
5Rev
02/08**State of Colorado****Oil and Gas Conservation Commission**

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DE ET OE ES

Document Number:

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Date Received:

10/02/2008

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) 298-8100

3. Address: 1401 17TH ST STE 1200 ATT

Fax: (303) 294-1265

City: DENVER State: CO Zip: 80202

5. API Number 05-071-09626-00

6. County: LAS ANIMAS

7. Well Name: CAYENNE

Well Number: 23-23 TR

8. Location: QtrQtr: NESW Section: 23 Township: 32S Range: 66W Meridian: 6

Footage at surface: Distance: 2587 feet Direction: FSL Distance: 2475 feet Direction: FWL

As Drilled Latitude: 37.243390 As Drilled Longitude: -104.750690

GPS Data:

Data of Measurement: 09/17/2008 PDOP Reading: 3.1 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) 09/04/2008 13. Date TD: 09/06/2008 14. Date Casing Set or D&A: 09/06/2008

15. Well Classification:

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

16. Total Depth MD 1880 TVD** 1880 17 Plug Back Total Depth MD 1832 TVD** 1832

18. Elevations GR 7473 KB 7482

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+1/4	12+3/4		0	14				
SURF	11	8+5/8		0	865	215	0	865	
1ST	7+7/8	5+1/2		0	1,849	194	791	1,849	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf 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	1,940	<input type="checkbox"/>	<input type="checkbox"/>	
VERMEJO COAL	1,940		<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: Y _____

Print Name: JUDY GLINISTY _____

Title: SR. ENGINEERING TECH _____

Date: 10/2/2008 _____

Email: JUDY.GLINISTY@PXD.COM _____

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" 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"/>

General Comments**User Group****Comment****Comment Date**

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Total: 0 comment(s)