

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

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400417725

Date Received:

**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 05-073-06474-00

6. County: LINCOLN

7. Well Name: DAVIS

Well Number: 42-12-17-53

8. Location: QtrQtr: SENE Section: 12 Township: 17S Range: 53W Meridian: 6

Footage at surface: Distance: 1575 feet Direction: FNL Distance: 752 feet Direction: FEL

As Drilled Latitude: 38.592590 As Drilled Longitude: -103.286110

## GPS Data:

Date of Measurement: 04/16/2013 PDOP Reading: 2.6 GPS Instrument Operator's Name: Chris Sanchez

\*\* 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: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 03/22/2013 13. Date TD: 04/08/2013 14. Date Casing Set or D&amp;A: 04/11/2013

## 15. Well Classification:

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

16. Total Depth MD 6615 TVD\*\* 17 Plug Back Total Depth MD 6322 TVD\*\*

18. Elevations GR 4761 KB 4773

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:

Array Compensated True Resistivity Dual Spaced Neutron, Gamma Ray Cement Bond Log, Mud Log

## 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	20	13+3/8	72	0	80	5	0	80	CALC
SURF	12+1/4	8+5/8	24	0	2,714	913	0	913	CALC
1ST	7+7/8	5+1/2	17	0	6,597	471	2,366	6,597	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	
MARMATON	5,150	5,264	<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	5,264	5,601	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
ATOKA	5,601	5,916	<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	5,916	6,178	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

THIS FORM 5, ALONG WITH ALL LOGS AND CEMENT REPORTS, ARE BEING FILED UNDER "CONFIDENTIAL" STATUS AS APPROVED BY THE COGCC ON 12-14-2012.

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 Staff Engineering Tech

Date:

Email: Judy.Glinisty@pxd.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400417829	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 checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400417838	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400417841	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400417843	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

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

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Total: 0 comment(s)