

FORM
5Rev
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:

400429261

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 05-073-06509-00

6. County: LINCOLN

7. Well Name: LONG VIEW FARM

Well Number: 33-19-16-53

8. Location: QtrQtr: NWSE Section: 19 Township: 16S Range: 53W Meridian: 6

Footage at surface: Distance: 2167 feet Direction: FSL Distance: 2567 feet Direction: FEL

As Drilled Latitude: 38.645220 As Drilled Longitude: -103.383610

GPS Data:

Date of Measurement: 05/14/2013 PDOP Reading: 3.9 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) 04/16/2013 13. Date TD: 04/26/2013 14. Date Casing Set or D&A: 04/29/2013

15. Well Classification:

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

16. Total Depth MD 6797 TVD** 17 Plug Back Total Depth MD 6454 TVD**

18. Elevations GR 4876 KB 4888

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 Spectral Density Dual Spaced Neutron log, Gamma Ray Cement Bond Log and 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	38	0	96	8	0	96	CALC
SURF	12+1/4	8+5/8	24	0	3,080	1,130	0	3,080	CALC
1ST	7+7/8	5+1/2	17	0	6,773	571	4,526	6,773	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	5,478	5,569	<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	5,569	5,926	<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	5,926	6,284	<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	6,284	6,561	<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 3-1-2013.

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>					
400429327	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>					
400429276	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400429281	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400429308	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

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

--	--	--

Total: 0 comment(s)