

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



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Document Number:

400634190

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
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: Carlos Brocco
Phone: (303) 675-2665
Fax: (303) 294-1275

5. API Number 05-071-09916-00
6. County: LAS ANIMAS
7. Well Name: San Pablo Well Number: 11-4 WD
8. Location: QtrQtr: NWNW Section: 4 Township: 33S Range: 67W Meridian: 6
Footage at surface: Distance: 528 feet Direction: FNL Distance: 990 feet Direction: FWL
As Drilled Latitude: 37.206340 As Drilled Longitude: -104.898530

GPS Data:

Date of Measurement: 06/26/2014 PDOP Reading: 0.0 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: PURGATOIRE RIVER 10. Field Number: 70830

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 04/15/2014 13. Date TD: 05/03/2014 14. Date Casing Set or D&A: 05/09/2014

15. Well Classification:

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

16. Total Depth MD 7215 TVD** 17 Plug Back Total Depth MD 6904 TVD**

18. Elevations GR 7534 KB 7546

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:

Three (3) Cement Bond Logs w/Inclination dated 4-23-2014, 5-24-2014 and 6-24-2014. Dual Spaced Neutron Spectral Density Array Compensated True Resistivity dated 5-3-2014

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	26	20	90	0	72	0	0	0	
SURF	17+1/2	13+3/8	48	0	682	761	0	682	CALC
1ST	12+1/4	9+5/8	36	0	2,970	1,132	660	2,970	CALC
2ND	8+3/4	7	23	0	6,916	1,014	3,100	6,916	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	2ND	5,930	121	5,910	6,162
SQUEEZE	2ND	5,930	24	5,910	6,162
SQUEEZE	2ND	5,930	59	5,910	6,162

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	
DAKOTA	6,166	6,363	<input type="checkbox"/>	<input type="checkbox"/>	
PURGATOIRE	6,363	6,484	<input type="checkbox"/>	<input type="checkbox"/>	
MORRISON	6,484	6,743	<input type="checkbox"/>	<input type="checkbox"/>	
ENTRADA	6,743	6,815	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

NOTE: GPS AS DRILLED LATITUDE AND LONGITUDE WILL BE FORWARDED ON A SUNDRY, FORM 4, WITHIN THE NEXT WEEK.

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: Lead Engineering Tech

Date:

Email: Judy.Glinisty@pxd.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400634262	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>					
400634247	PDF-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400634248	PDF-CBL 2ND RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400634250	PDF-CBL 3RD RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400634252	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)