

**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:

400657381

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: Carlos Brocco

2. Name of Operator: PIONEER NATURAL RESOURCES USA INC

Phone: (303) 675-2665

3. Address: 1401 17TH ST STE 1200

Fax: (303) 294-1275

City: DENVER State: CO Zip: 80202

5. API Number 05-073-06615-00

6. County: LINCOLN

7. Well Name: Harmon

Well Number: 42-6-17-53

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

Footage at surface: Distance: 2293 feet Direction: FNL Distance: 667 feet Direction: FEL

As Drilled Latitude: 38.604220 As Drilled Longitude: -103.377610

## GPS Data:

Date of Measurement: 08/20/2014 PDOP Reading: 2.0 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: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 07/16/2014 13. Date TD: 07/29/2014 14. Date Casing Set or D&amp;A:

## 15. Well Classification:

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

16. Total Depth MD 6690 TVD\*\* 17 Plug Back Total Depth MD 2932 TVD\*\*

18. Elevations GR 4645 KB 4668

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:

Mud Log, Triple Combo

## 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	14+3/4	13+3/8	48	0	111	45	0	111	CALC
SURF	12+1/4	9+5/8	36	0	3,050	630	0	3,050	CALC
1ST	7+7/8	0+0/0	0	0	0	0	0	0	

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	OPEN HOLE	6,361	24	6,261	6,361
	OPEN HOLE	6,113	225	5,176	6,113
	OPEN HOLE	4,748	82	4,407	4,748
	OPEN HOLE	3,098	40	2,932	3,098

Details of work:

Cementing Tool for above was drill pipe

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	
CHEROKEE	5,304	5,661	<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	5,661	6,007	<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	6,007	6,274	<input type="checkbox"/>	<input type="checkbox"/>	
MISSISSIPPIAN	6,274		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

THIS FORM 5 AND ALL LOGS ARE BEING SUBMITTED UNDER CONFIDENTIAL STATUS, PER APPROVED SUNDRY, DOCUMENT NUMBER 400641171 DATED 7/15/2014

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_

Print Name: Judy GlinistyTitle: Lead Engineering Tech

Date: \_\_\_\_\_

Email: Judy.Glinisty@pxd.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400686231	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>					
400657748	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400657768	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date
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Total: 0 comment(s)