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Document Number:  
 1636086

**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 05-071-09774-00 6. County: LAS ANIMAS  
 7. Well Name: R&S Smith Well Number: 33-1  
 8. Location: QtrQtr: NW/SE Section: 1 Township: 33S Range: 66W Meridian: 6  
 Footage at surface: Distance: 1667 feet Direction: FSL Distance: 1948 feet Direction: FEL  
 As Drilled Latitude: 37.197570 As Drilled Longitude: -104.728950

GPS Data:  
 Date of Measurement: 04/26/2011 PDOP Reading: 1.8 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) 04/23/2011 13. Date TD: 04/24/2011 14. Date Casing Set or D&A: 04/25/2011

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 1685 TVD\*\* \_\_\_\_\_ 17 Plug Back Total Depth MD 1645 TVD\*\* \_\_\_\_\_

18. Elevations GR 7068 KB 7072  
 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	11	12+3/4		0	8				CALC
SURF	11	8+5/8		0	413	161	0	413	CALC
1ST	7+7/8	5+1/2		0	1,671	291	42	1,671	CBL

### ADDITIONAL CEMENT

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

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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	1,273	<input type="checkbox"/>	<input type="checkbox"/>	
VERMEJO COAL	1,273	1,570	<input type="checkbox"/>	<input type="checkbox"/>	
TRINIDAD	1,570		<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: \_\_\_\_\_ Print Name: JUDY GLINISTYTitle: SR. ENGINEER TECH Date: 5/12/2011 Email: JUDY.GLINISTY@PXD.COM

#### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
1636087	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
1636086	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

#### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	CBL DOC# 1800355M REQ SCANNING TO FIND LOG AND SCAN TO WELLFILE	7/15/2011 12:02:37 PM

Total: 1 comment(s)