

FORM
5

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

1918390

Date Received:

08/29/2007

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: JOY ZIEGLER
 2. Name of Operator: PIONEER NATURAL RESOURCES USA INC Phone: (303) 298-8100
 3. Address: 1401 17TH ST STE 1200 Fax: (303) 294-1265
 City: DENVER State: CO Zip: 80202

5. API Number 05-081-07374-01 6. County: MOFFAT
 7. Well Name: ANTIETAM Well Number: 11-12D
 8. Location: QtrQtr: NWNW Section: 12 Township: 7N Range: 93W Meridian: 6
 Footage at surface: Distance: 457 feet Direction: FNL Distance: 922 feet Direction: FWL
 As Drilled Latitude: 40.577747 As Drilled Longitude: -107.787533

GPS Data:

Data of Measurement: 10/05/2006 PDOP Reading: 3.8 GPS Instrument Operator's Name: R. KAY

** If directional footage at Top of Prod. Zone Dist.: 494 feet. Direction: FNL Dist.: 860 feet. Direction: FWL
 Sec: 12 Twp: 7N Rng: 93W

** If directional footage at Bottom Hole Dist.: 694 feet. Direction: FNL Dist.: 860 feet. Direction: FWL
 Sec: 12 Twp: 7N Rng: 93W

9. Field Name: ENCORE 10. Field Number: 21530
 11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 07/25/2007 13. Date TD: 08/17/2007 14. Date Casing Set or D&A: _____

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8217 TVD** 8105 17 Plug Back Total Depth MD 5932 TVD** 5923

18. Elevations GR 6681 KB 6708

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:

NONE

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	16		0	107	8	0	107	CALC
SURF	14+3/4	10+3/4		0	1,657	535	0	1,657	CALC
1ST	9+7/8	7+5/8		0	6,028	480	1,457	6,020	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/pref 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	
			<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: Y _____ Print Name: JOY ZIEGLER _____

Title: ENGRNG TECH _____ Date: 8/28/2007 _____ Email: _____

Attachment Check List

Att Doc Num	Document Name	attached ?
Attachment Checklist		
	CMT Summary *	Yes <input type="checkbox"/> No <input checked="" 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"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)