

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:

1989728

Date Received:

11/16/2007

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
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: JOY A. ZIEGLER
Phone: (303) 298-8100
Fax: (303) 294-1265

5. API Number 05-081-07374-02
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: As Drilled Longitude:

GPS Data:
Date of Measurement: PDOP Reading: GPS Instrument Operator's Name:

** If directional footage at Top of Prod. Zone Dist.: 883 feet. Direction: FNL Dist.: 812 feet. Direction: FWL
Sec: 12 Twp: 7N Rng: 93W
** If directional footage at Bottom Hole Dist.: 955 feet. Direction: FNL Dist.: 803 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) 08/21/2007 13. Date TD: 08/31/2007 14. Date Casing Set or D&A: 09/09/2007

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

16. Total Depth MD 10507 TVD** 10447 17 Plug Back Total Depth MD 9844 TVD** 9784

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:
CN/LD, AI, ENVIRO CAPTURE SPECTROSCOPY GR, CBL, FMI

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
1ST LINER	6+3/4	5+1/2		5026	9,850				

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
PERF & PUMP	1ST	1,695	370	0	1,457

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	
FOX HILLS	905	1,454	<input type="checkbox"/>	<input type="checkbox"/>	
LEWIS	1,455	2,511	<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	2,512	4,042	<input type="checkbox"/>	<input type="checkbox"/>	
TROUT CREEK	4,043	4,162	<input type="checkbox"/>	<input type="checkbox"/>	
ILES	4,163	5,630	<input type="checkbox"/>	<input type="checkbox"/>	
MANCOS	5,631	8,751	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	8,752	10,507	<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 A. ZIEGLER

Title: SR. ENGINEERING TECH Date: 11/16/2007 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

User Group	Comment	Comment Date

Total: 0 comment(s)