

FORM
5Rev
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:

400399971

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: 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 05-061-06876-00

6. County: KIOWA

7. Well Name: WEIRICH

Well Number: 32-33-20-50

8. Location: QtrQtr: SWNE Section: 33 Township: 20S Range: 50W Meridian: 6

Footage at surface: Distance: 2486 feet Direction: FNL Distance: 1692 feet Direction: FEL

As Drilled Latitude: 38.274290 As Drilled Longitude: -103.011240

GPS Data:

Date of Measurement: 04/03/2013 PDOP Reading: 3.2 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) 02/08/2013 13. Date TD: 02/20/2013 14. Date Casing Set or D&A: 02/22/2013

15. Well Classification:

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

16. Total Depth MD 5605 TVD** 17 Plug Back Total Depth MD 5494 TVD**

18. Elevations GR 4268 KB 4280

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:

Triple Combo consisting of Array Compensated, True Resistivity, Spectral Density, Dual Spaced Neutron. Cement Bond Log. Mud Log.

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	20	13+3/8	48	0	94	5	0	94	CALC
SURF	12+1/4	8+5/8	24	0	1,579	926	0	1,579	CALC
1ST	7+7/8	5+1/2	17	0	5,593	839	4,500	5,593	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf 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	
MARMATON	4,219	4,362	<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	4,362	4,690	<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	4,690	5,010	<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	5,010	5,220	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

THIS FORM 5, ALONG WITH ALL LOGS AND CEMENT REPORTS, ARE BEING FILED UNDER "CONFIDENTIAL" STATUS AS APPROVED BY THE COGCC ON 12-14-2012.

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: Sr Staff Engineering Tech

Date:

Email: Judy.Glinisty@pxd.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400400083	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>					
400400003	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400400077	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400400078	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments**User Group****Comment****Comment Date**

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Total: 0 comment(s)