

5/4

PRELIMINARY

FORM

5

Rev 6/99

Page 1

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303)894-2100 Fax:(303)894-2109



FOR OGCC USE ONLY

MAY -5 05

COGCC



01400974

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of a well's completion. 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, submit Form 6 (Well Abandonment Report).

1. OGCC Operator Number: 10084  
2. Name of Operator: Pioneer Natural Resources USA, Inc  
3. Address: 1401 17th Street  
City: Denver, State: CO Zip: 80202

4. Contact Name and Telephone  
Mark Gully  
No: 303 298-8100  
Fax: 303 298-1147

Complete the  
Attachment Checklist  
Oper OGCC

5. API Number: 0510310444 6. County: Rio Blanco  
7. Well Name: Columbine Springs Federal Well Number: 11C-11-4S-104  
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): SENW Sec 11 T4S R104W 6th PM  
Footage at Surface: 2066' FNL, 1942' FWL 9. Was a directional survey run? ☐ Y ☒ N  
If directional, footage at Top of Prod. Zone: \_\_\_\_\_  
If directional, footage at Bottom Hole: \_\_\_\_\_  
10. Field Name: Baxter Pass 10. Field Number: 5700  
11. Federal, Indian or State Lease Number: COC101079

12. Spud Date 8/12/2004 13. Date TD 8/13/2004 14. Date Completed or D&A \_\_\_\_\_

16. Total Depth MD 2030 TVD \_\_\_\_\_ 17. Plug Back Total MD 2006 TVD \_\_\_\_\_

18. Was a Mud Log Run? ☒ Yes ☐ No  
\*\* One copy of all electric and mud logs must be submitted.\*\* 19. Elevations GR 6094 KB 6103

20. List Electric Logs Run: AIT-GR-SP; CNL-FDC; CBL

Survey Plat		
Directional Survey		
Surface Equipment		
Technical Info Page		
Other		
Cement Verification	<input checked="" type="checkbox"/>	

15 W

☐ Dry ☐ Oil ☐ Gas  
☐ Coalbed  
☐ Stratigraphic ☐ Disposal  
☐ Enhanced Recovery  
☐ Gas Storage ☐ Observation  
☐ Other: \_\_\_\_\_

21.

CASING, LINER and CEMENT

Submit contractor's cement job summary for each string cemented

String	Hole Size	Csg/Liner Size	Csg/Liner Wt (Lbs)	Csg/Liner Top	Csg/Tool Setting Depth	No. of Sacks	Cement Interval		Identify Method	
							Top	Bottom	CBL	Calc
Surf	12 1/4	8 5/8	24	0	260	185	0	260	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Stage Cement									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
Prod	7 7/8	5 1/2	17	0	2027	205	175	2027	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Stage Cement									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
Stage Cement									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>

22.

FORMATION LOG INTERVALS and TEST ZONES

Formation	Measured Depth		Check if applies		Comments
	Top	Bottom	DST	Cored	
Mesaverde	0	2030	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

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

Print Name: Mark Gully

Signed: Mark Gully

Title: Sr Operations Engineer

Date: 5/3/2005







## JOB LOG

TICKET #

3230414

TICKET DATE

8/13/2004

REGION

## NORTH AMERICA LAND

NWA / COUNTRY	
1	USA
2	USA
3	USA
4	USA
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99	USA
100	USA

## ROCKY MOUNTAIN

BDA / STATE

UTAH

COUNTY

# UINTAH

MBU ID / EMPL #

#

H.E.S EMPLOYEE NAME	
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**COREY REYNOLDS 828-4507**

PSL DEPARTMENT

## ZONAL ISOLATION

LOCATION

**VERNAL,UT**

**COMPANY**

**EVERGREEN RESOURCES**

CUSTOMER REP / PHONE

# MIKE DECKER

TICKET AMOUNT

WELL TYPE

## 02 GAS

API/JWI #

WELL LOCATION

## BOOK CLIFFS

DEPARTMENT

## ZONAL ISOLATION 10003

JOB PURPOSE CODE

7528

Description	Frequency	Severity	Action
<p>1. The patient is unable to perform activities of daily living (ADL) independently.</p>	<p>3 times per week</p>	<p>4 (Severe)</p>	<p>1. Assist with ADLs as needed.</p>
<p>2. The patient is unable to walk independently.</p>	<p>3 times per week</p>	<p>4 (Severe)</p>	<p>1. Assist with walking as needed.</p>
<p>3. The patient is unable to communicate effectively.</p>	<p>3 times per week</p>	<p>4 (Severe)</p>	<p>1. Assist with communication as needed.</p>
<p>4. The patient is unable to manage medications.</p>	<p>3 times per week</p>	<p>4 (Severe)</p>	<p>1. Assist with medication management as needed.</p>
<p>5. The patient is unable to maintain a safe environment.</p>	<p>3 times per week</p>	<p>4 (Severe)</p>	<p>1. Assist with environmental management as needed.</p>

## 8 5/8 SURFACE CASING

EASE / WELL # Well No.  
**COLUMBINE SPRING 11-11**

SEC / TWP / RMC

Chart No.	Time	Rate (BPM)	Volume (BBL)(GAL)	Pmps		Press.(PSI)		Job Description / Remarks
				T	C	Tbg	Csg	
	1830							08/12/04
	1900							
	1930							
	2100							
	2100							ARRIVE LOCATION
	0300							LOCATION ASSESSMENT & SAFETY MEETING
								SPOT EQUIPMENT RIG UP IRON
								08/13/04
	0300							RIG DRILLING
	0330	1.0						START JOB
						1000		PRESSURE TEST LINES TO 1000 PSI
	0409	4.0						
	0413		15				158	START H2O TO BREAK CIRCULATION
	0415	4.0						WELL CIRCULATES, SHUT DOWN, MIX CEMENT
	0425	3.0	38				142	START 185SX, 39 BBLS CEMENT @ 15.6#
	0427	3.0	39				127	CEMENT RETURNS TO SURFACE
	0430	1.5	10				209	END CEMENT. START 13.5 BBLS DISPLACEMENT
	0432		13				106	SLOW RATE
								SHUT DOWN, SHUT IN WELL
								CEMENT GOOD TO SURFACE AS PER COMPANY MAN
								14 BBLS CEMENT RETURNS TO PIT
	0500							SAFETY MEETING AND RACK UP
	0600							END JOB
	0600							RELEASED BY COMPANY MAN
								THANK YOU, COREY, ASHLY, AND CREW



HALLIBURTON						JOB SUMMARY						SALES ORDER NUMBER 32 J5		TICKET DATE Saturday, August 14, 2004	
REGION <b>NORTH AMERICA</b>				NWA / COUNTRY <b>ROCKY MOUNTAIN</b>				BDA / STATE <b>UT</b>				COUNTY <b>UINTAH</b>			
MBU ID / EMPL # <b>121830</b>				H.E.S. EMPLOYEE NAME <b>KEN DEARING</b>				PSL DEPARTMENT <b>Z.I. CEMENT</b>							
LOCATION <b>VERNAL UT</b>				COMPANY <b>EVERGREEN RESOURCES</b>				CUSTOMER REP / PHONE <b>MIKE DECKER</b>							
WELL LOCATION <b>DAVIS CYN., UTAH</b>				WELL TYPE <b>02 GAS</b>				SAP BOMB NUMBER <b>7528</b>				JOB TYPE <b>5-1/2" PRODUCTION</b>			
LEASE NAME <b>COLUMBINE SPRINGS</b>				Well No. <b>FED. 11-1</b>				SEC / <b>SEC /</b>				TWP / <b>TWP /</b>			
												RNG <b>RN /</b>			
H.E.S. EMP NAME / EMP # / (EXPOSURE HOURS)															
KEN DEARING 239372															
DERRICK HUGHES 161738															
SHANE GRIFFIN 245589															
H.E.S. UNIT #S / (R / T MILES)															
10196231 150															
10264853-10025174 150															
10026536-10261036 150															
Form Name _____ Type: _____															
Form Thickness _____ From _____ To _____															
Packer Type _____ Set At _____															
Bottom Hole Temp. _____ Pressure _____															
Retainer Depth _____ Total Depth _____															
Tools and Accessories															
Type and Size Qty Make															
Float Collar 5-1/2" 1 WEATHFORD															
Float Shoe															
Centralizers 5-1/2" 6 WEATHFORD															
Top Plug 5-1/2" 1 HALCO															
Limit Clamp															
BASKET															
Insert Float															
Guide Shoe 5-1/2" 1 WEATHFORD															
Weld-A															
Materials															
Mud Type Density Lb/Gal															
Disp. Fluid FRESH Density 8.33 Lb/Gal															
Prop. Type Size Lb															
Acid Type Gal. %															
Surfactant Gal. In															
NE Agent Gal. In															
Fluid Loss Gal/Lb In															
Gelling Agent Gal/Lb In															
Fric. Red. Gal/Lb In															
Breaker Gal/Lb In															
Blocking Agent Gal/Lb															
Perfpac Balls Qty.															
Other															
KCL substitute															
Other															
Other															
Other															
Hours On Location															
Date Hours															
8/14/04 12.50															
Operating Hours															
Date Hours															
8/14/04 1.00															
Description of Job															
SEE JOB LOG															
Total 12.50															
Total 1.00															
Ordered Hydraulic Horsepower Avail. Used															
Treating 4 Average Rates in BPM Dis 5 Overall 4															
Feet 45.40' Cement Left in Pipe Reason SHOE JOINT															
Cement Data															
Stage Sacks Cement Bulk/Sks Additives W/Rq. Yield Lbs/Gal															
1 85 S.D. TYPE III BULK STANDARD CBM LITE BLEND, W/.25#/SK.FLOCELE, 10#/SK.GILSONITE 21.75 3.47 11.0															
2 110 S.D. TYPE III BULK STANDARD CBM LITE BLEND, W/.25#/SK.FLOCELE, 10#/SK.GILSONITE 9.17 1.79 13.5															
3 BULK															
4 BULK															
5 BULK															
Summary															
Displacement FRESH Preflush: Gal - BBI 10bbbl Type: FRESH															
Maximum Load & Bkdn: Gal - BBI Pad:Bbl-Gal															
Actual TOC Excess /ReturnGal BBI Calc. Disp Bbl 46.0bbl															
Average Frac. Gradient Treatment: Gal - BBI SURFACE Actual Disp. 46.0bbl															
Shut In: Instant 5 Min. 15 Min. Cement Slurry Gal - BBI Disp:Bbl-Gal															
Total Volume Gal - BBI 52.5bbl LEAD-35.1bbl TAIL															
144bbl															
Frac Ring #1 [Frac Ring #2 [Frac Ring #3 [Frac Ring #4															
THE INFORMATION STATED HEREIN IS CORRECT															
CUSTOMER REPRESENTATIVE															
SIGNATURE															



[illegible]