



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1056491

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
---	---

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
-----------------------------------	-----------	---------	-------------	---------------	---------

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
---	---	--

Form	ACO1 - Well Completion
Operator	Pioneer Natural Resources USA, Inc.
Well Name	Newby 4-34
Doc ID	1056491

Tops

Name	Top	Datum
Glorieta	1257	KB
Hollenberg	2538	KB
Herington	2557	KB
Krider	2586	KB
Towanda	2697	KB
Ft. Riley	2751	KB
A1 Lime	2884	KB
B1 Lime	2945	KB
B2 Lime	2971	KB
Base B2 Lime	2984	KB

Form	ACO1 - Well Completion
Operator	Pioneer Natural Resources USA, Inc.
Well Name	Newby 4-34
Doc ID	1056491

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
3	Chase	Shot & Fractured	2702-2726
3	Chase	Shot & Fractured	2730-2753
3	Chase	Shot & Fractured	2762-2788
3	Chase	Shot & Fractured	2810-2812
3	Council Grove	Shot & Fractured	2854-2859
3	Council Grove	Shot & Fractured	2869-2880
3	Council Grove	Shot & Fractured	2958-2973
3	Council Grove	Shot & Fractured	2988-2994

CEMENTING TREATMENT REPORT



TREATMENT NUMBER FG2010025	DATE 7/25/2010
STAGE 1	JOB TYPE Surface

WELL NAME AND NO. Newby 4-34	LOCATION (LEGAL) 1368FSL&1373FWLSec.34,T31S,R37W	RIG NAME: Pioneer #3	CEMENT PUMPER: 2305
FIELD Hugoton	FORMATION	WELL DATA	BOTTOM
COUNTY Stevens	STATE Kansas	API NO. 18312	FT TOP
RIG FORMAN Billy Vigil		BIT SIZE 12 1/4'	CSG/Liner Size 8 5/8
CEMENT SUPER Frank L. Gonzales		TOTAL DEPTH 571'	WEIGHT 24
		MUD TYPE	FOOTAGE 560
		<input type="checkbox"/> BHST	GRADE J-55
		<input type="checkbox"/> BHCT	THREAD UEU
		MUD DENSITY 9.4	LESS FOOTAGE (SHOE JOINTS) 518'
		MUD VISC A35	Disp. Capacity 32.9
		Include Footage From Ground Level To Head In Disp. Capacity	
		TYPE	DEPTH
		DEPTH	DEPTH
		TYPE	DEPTH
		DEPTH	DEPTH

SPECIAL INSTRUCTIONS	Head & Plugs	<input type="checkbox"/> TBG	<input type="checkbox"/> D.P.	SQUEEZE JOB
	<input type="checkbox"/> Double Box 6	WEIGHT	SIZE	TOOL TYPE
	<input type="checkbox"/> Single	GRADE		DEPTH
	<input type="checkbox"/> Swage	THREADS		TAIL PIPE: SIZE DEPTH
	<input type="checkbox"/> Knockout	<input type="checkbox"/> New <input type="checkbox"/> Used		TUBING VOLUME BBLs
		DEPTH		CSG VOL BELOW TOOL BBLs
				TOTAL ANNULAR VOLUME BBLs

PERSONNEL: Sammy Filippo, Dan Wagner, Jose Madrid	LIFT PRESSURE 200 psi	BUMP PLUG TO 800	CEMENT TEMPERATURE: 76	WATER QUALITY: 7 pH	1200 SG	72 TEMP
	NO. of Centralizers 4					

TIME	PRESSURE	VOLUME PUMPED	JOB SCHEDULED FOR	ARRIVE ON LOCATION	RIG UP	LEFT LOCATION
0001 to 2400	TBG CSG	INCR CUM	TIME: 2:00 DATE: 7/25/2010	TIME: 1:45 DATE: 7/25/2010	TIME: 8:00 DATE: 7/25/2010	TIME: 11:30 DATE: 7/25/2010
			RATE FLUID TYPE DENSITY			

8:30						Safety Meeting
8:57	1000	1	1.0	1	H2O	8.3 Pressure Test
8:58	50	20	21	2	H2O	8.3 Water Ahead
9:14	50	44	65	3	Cmt.	12.5 Pump Lead Cement @ 12.5 PPG
						1st. - 12.5 2nd. - 12.3 3rd. 12.4
9:30	160	27	92	3.3	Cmt.	15 Pump Tail Cement @ 15 PPG
						1st. - 14.8 2nd. - 14.8 3rd. - 14.8
9:45						DROP PLUG
9:47	100	32.9	124.9	4	H2O	8.3 Pump Displacement
	100					1st. Call out @ 9 Gone
	180					2nd. Call out @ 18 Gone
	200					3rd. Call out @ 27 Gone
	150			1.5		Final Pressure
9:59	834			1.5		Bump Plug
		65	189.9			Wash up pump and lines
10:45						RIG DOWN

System Used	No. of Sacks	Yield ft ³ /sk	COMPOSITION OF SYSTEM		SLURRY MIXED	
			BBLs	DENSITY	BBLs	DENSITY
Surf. Set	120	2.06	Class G, Pozz, P020, S001, P029, P046, Gilsomite, P167		44	12.5
SDC	120	1.25	P020, S001, P029, P046		27	14.8

CIRCULATION <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WASHED CASING DOWN <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	BREAKDOWN 10 PSI	FINAL 834 PSI
DISPLACEMENT VOL. 33 BBLs	RETURNED TO SURFACE 19	BEFORE PLUG BUMP PRESSURE 150 PSI	RATE 1.5 BPM