



**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: \_\_\_\_\_



1059848

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
-----------------------------------	-----------	---------	-------------	---------------	---------

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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) _____	<b>PRODUCTION INTERVAL:</b> _____ _____
--	--	---

Form	ACO1 - Well Completion
Operator	Pioneer Natural Resources USA, Inc.
Well Name	THUROW-TATE ATU 1
Doc ID	1059848

Tops

Name	Top	Datum
Glorietta	1220	KB
Wellington	2133	KB
Hollenberg	2467	KB
Herington	2494	KB
Krider	2514	KB
Towanda	2618	KB
Ft. Riley	2673	KB
A1 Lime	2805	KB
B1 Lime	2859	KB
B2 Lime	2878	KB

Form	ACO1 - Well Completion
Operator	Pioneer Natural Resources USA, Inc.
Well Name	THUROW-TATE ATU 1
Doc ID	1059848

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
3	Chase	Shot & Fractured	2609 - 2650
3	Chase	Shot & Fractured	2661 - 2694
3	Council Grove	Shot & Fractured	2748 - 2752
3	Council Grove	Shot & Fractured	2758 - 2772
3	Council Grove	Shot & Fractured	2792 - 2796
3	Council Grove	Shot & Fractured	2847 - 2861
3	Council Grove	Shot & Fractured	2871 - 2884

CEMENTING TREATMENT REPORT



TREATMENT NUMBER SO2011006	DATE 4/21/2011
STAGE 1	JOB TYPE Surface

WELL NAME AND NO. Thurrow-Tate ATU	LOCATION (LEGAL) Sec. 33 T30S R36W	RIG NAME: Trinidad Drilling	CEMENT PUMPER: 2304
FIELD Hugoton	FORMATION Chase/Council Grove	WELL DATA	BOTTOM
COUNTY Grant	STATE Kansas	AFE 20196	FT TOP
RIG FOREMAN Phillip Gibson	MUD DENSITY		FT
CEMENT SUPERVISOR Stan Owens	MUD VISC		TOTAL:
CEMENT EMPLOYEES Warren Martin and J.R. Ortiz	Include Footage From Ground Level To Head In Disp. Capacity		35.8

SPECIAL INSTRUCTIONS	Head & Plugs	TBG	D.P.
	WEIGHT	SIZE	TOOL
	GRADE	DEPTH	DEPTH
	THREADS	DEPTH	DEPTH
	Knockout	New	Used
LIFT PRESSURE	230	psi	
PRESSURE LIMIT	1000	psi	
	BUMP PLUG TO	1300	
	NO. of Centralizers	5	
	CEMENT TEMPERATURE:	68	
	WATER QUALITY:	8 pH	325 SG
			TEMP 70

TIME 0001 to 2400	PRESSURE		VOLUME PUMPED		JOB SCHEDULED FOR			ARRIVE ON LOCATION		RIG UP		LEFT LOCATION	
	TBG	CSG	INCR	CUM	TIME:	DATE:	TIME:	DATE:	TIME:	DATE:	TIME:	DATE:	
21:00													Pre job safety meeting.
22:17		500	2		0.5	H2O	8.3						Test Pumps and Lines.
22:19		40	3		3	H2O	8.3						Pump H2O till circulation established.
22:22		90	100		3	CMT	15						Mix and pump CMT @ 15 ppg.
22:54													Slow down and drop top plug.
22:56		230	30		3	H2O	8.3						Pump displacement.
23:09		1300	5.8		2	H2O	8.3						Bump plug and check floats. ( Held O.K. )
													Call Outs 10 Bbls/70Psi. 20 Bbls/130 Psi 30 Bbls./ 220 Psi. Final 1300 Psi.
													Pumped 35 bbls good cement to the pit.
23:55													Post job safety meeting.

System Used	No. of Sacks	Yield ft <sup>3</sup> /sk	COMPOSITION OF SYSTEM		SLURRY MIXED		
			BBLs	DENSITY	BBLs	DENSITY	
Surface Set	460	1.23	Surface Set	100	15 ppg.		

CIRCULATION	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WASHED CASING DOWN	<input type="checkbox"/> Yes <input type="checkbox"/> No	BREAKDOWN	PSI	FINAL	1300	PSI
DISPLACEMENT VOL.	35	BBLs	RETURNED TO SURFACE	BEFORE PLUG BUMP	220	PSI	RATE	2 BPM





