



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1113568
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

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
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

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



1113568

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

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

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

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 List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Pioneer Oil Company, Inc.
Well Name	Shaw 1 OWWO
Doc ID	1113568

All Electric Logs Run

Dual Compensated Porosity
Dual Induction
Dual Receiver CBL
Computer Processed Interpretation



Pioneer Energy Services

Dual Compensated Porosity Log

15-179-20,219-00-02

API No.

Company **Pioneer Oil Company, Inc.**

Well **Shaw No.1**

Field **Freda**

County **Sheridan**

State **Kansas**

Location **1980' FSL & 1980' FEL**

Other Services
DIL

Sec: **33** Twp: **8S** Rge: **28W**

Permanent Datum **Ground Level** Elevation **2716**

Log Measured From **Kelly Bushing** **5** Ft. Above Perm. Datum

Drilling Measured From **Kelly Bushing**

Elevation
K.B. **2721**
D.F. **2716**
G.L. **2716**

Date **12/13/2012**

Run Number **One**

Type Log **CNL / CDL**

Depth Driller **4100**

Depth Logger **4066**

Bottom Logged Interval **4045**

Top Logged Interval **1900**

Type Fluid In Hole **Chemical**

Salinity, PPM CL **17,100**

Density **8.7**

Level **Full**

Max. Rec. Temp. F **117**

Operating Rig Time **5 Hours**

Equipment -- Location **15 Hays**

Recorded By **D Kerr**

Witnessed By **Rick Popp**

Borehole Record

Casing Record

Run No.	Bit	From	To	Size	Wgt.	From	To
1	12.25	00	208	8.625	24#	00	208
2	7.875	208	4100				

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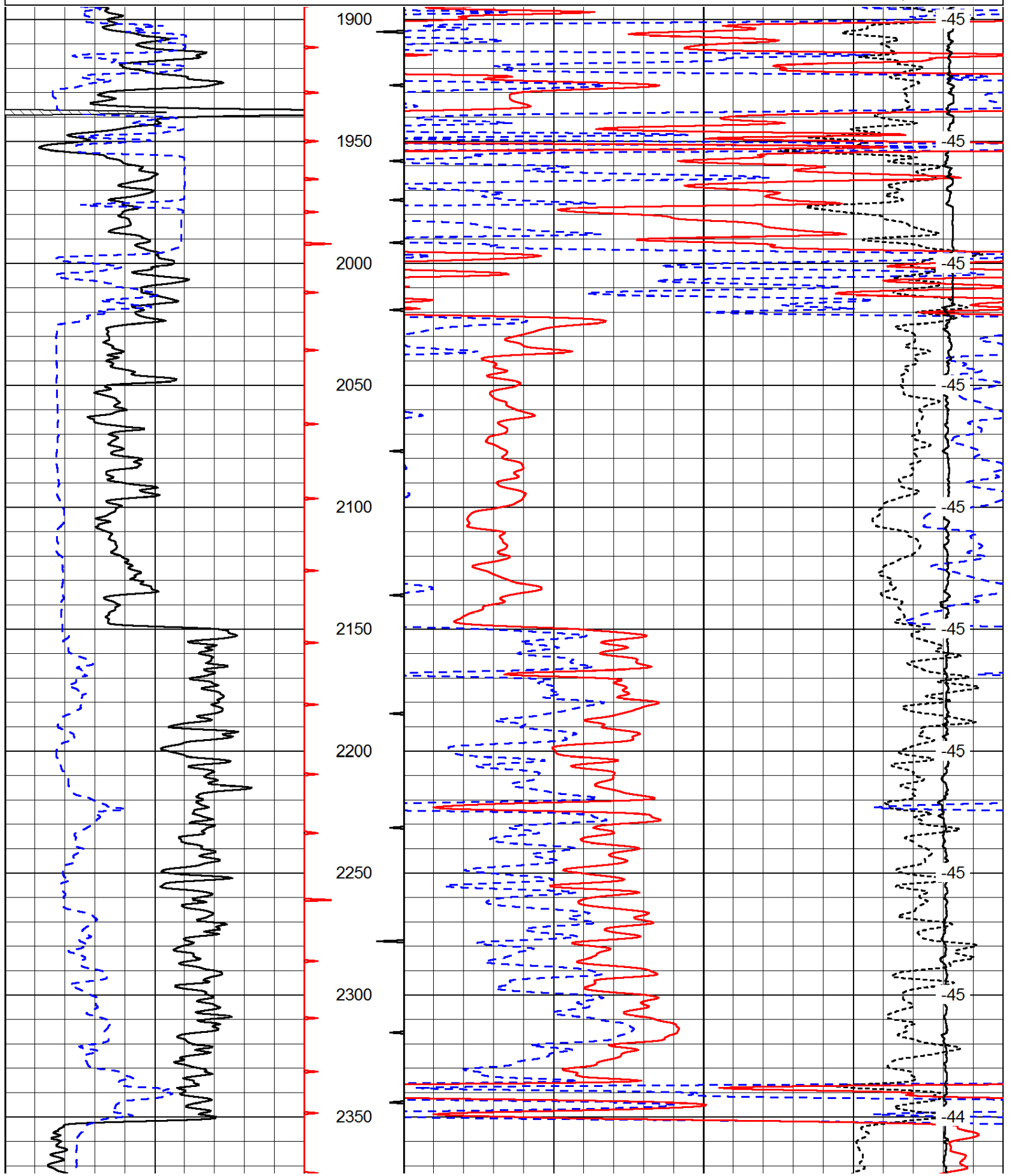
All interpretations are opinions based on inferences from electrical or other measurements and we cannot and do not guarantee the accuracy or correctness of any interpretation, and we shall not, except in the case of gross or willful negligence on our part, be liable or responsible for any loss, costs, damages, or expenses incurred or sustained by anyone resulting from any interpretation made by any of our officers, agents or employees. These interpretations are also subject to our general terms and conditions set out in our current Price Schedule.

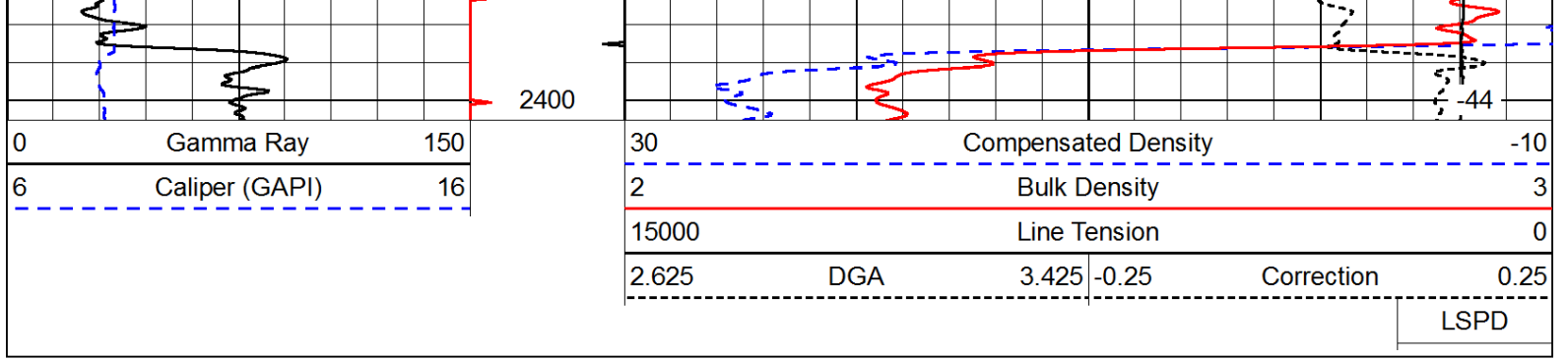
Comments

Thank you for using Pioneer Energy Services
www.pioneerenergy.com
 785 625 3858
 Hoxie KS, 3 South to 40 RD,
 1/10 West, North Into

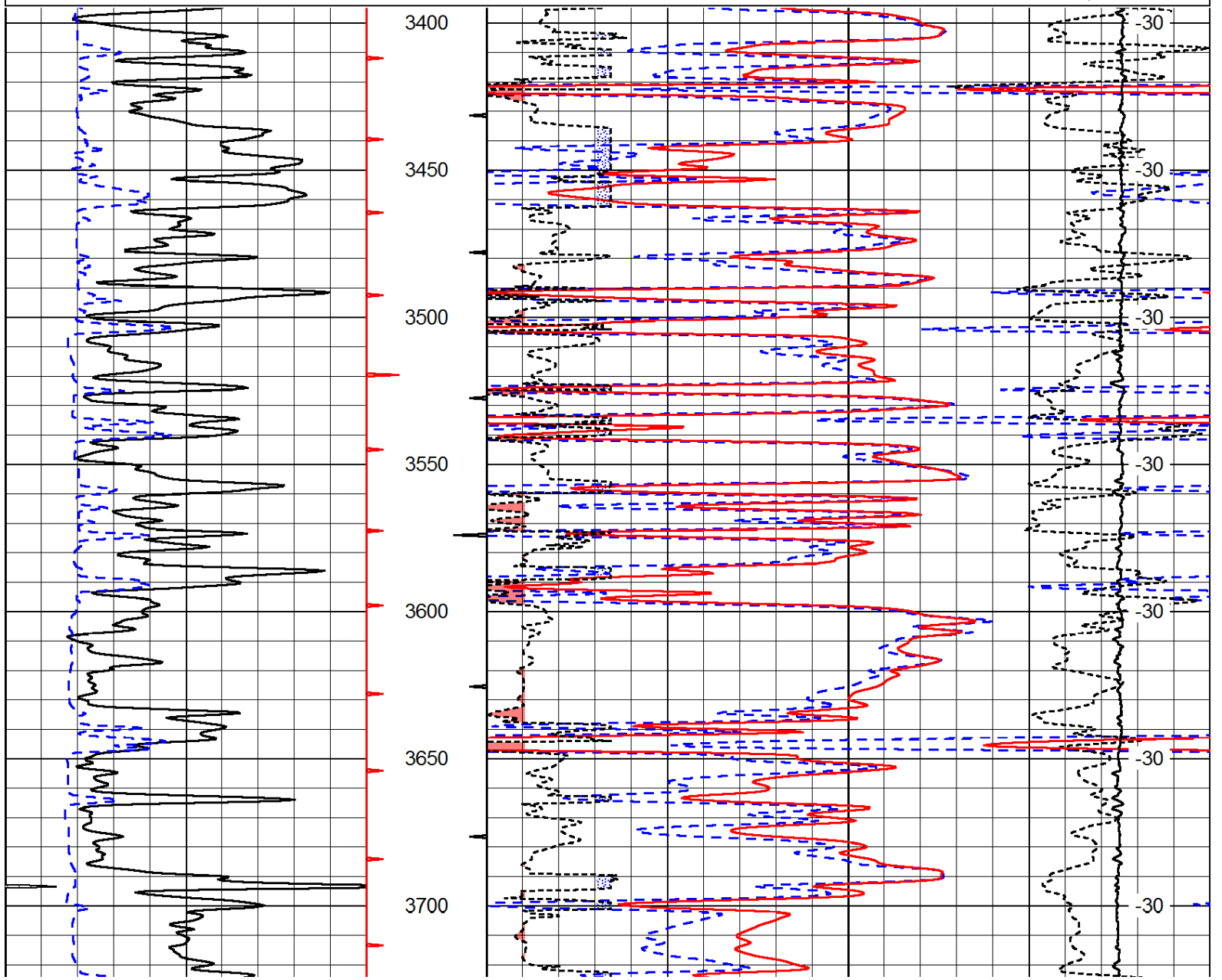
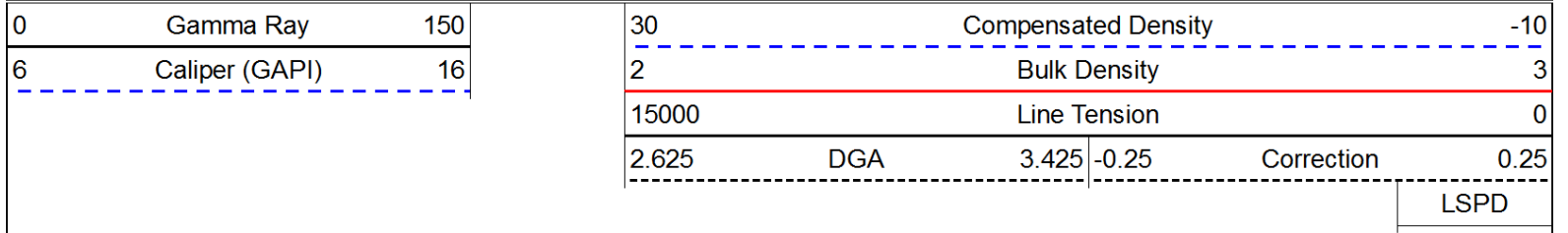
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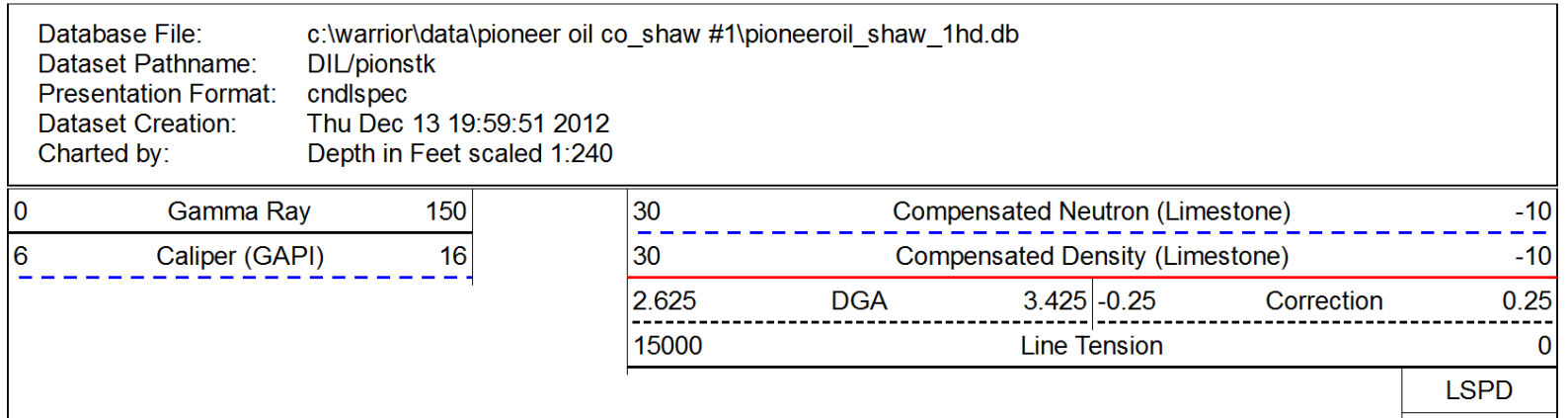
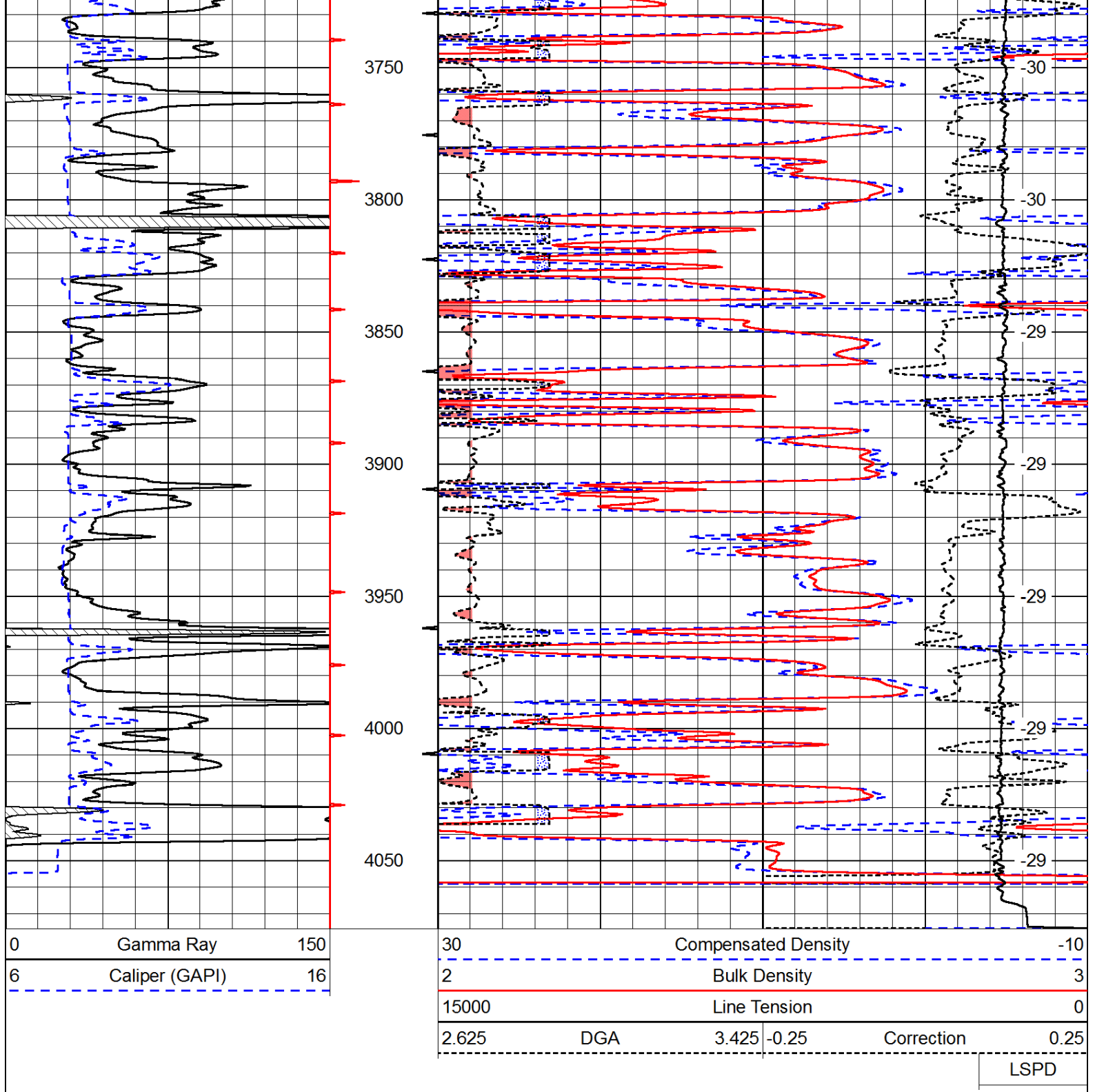
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2	Bulk Density		3
15000	Line Tension		0
2.625	DGA	3.425	-0.25
Correction			0.25
LSPD			

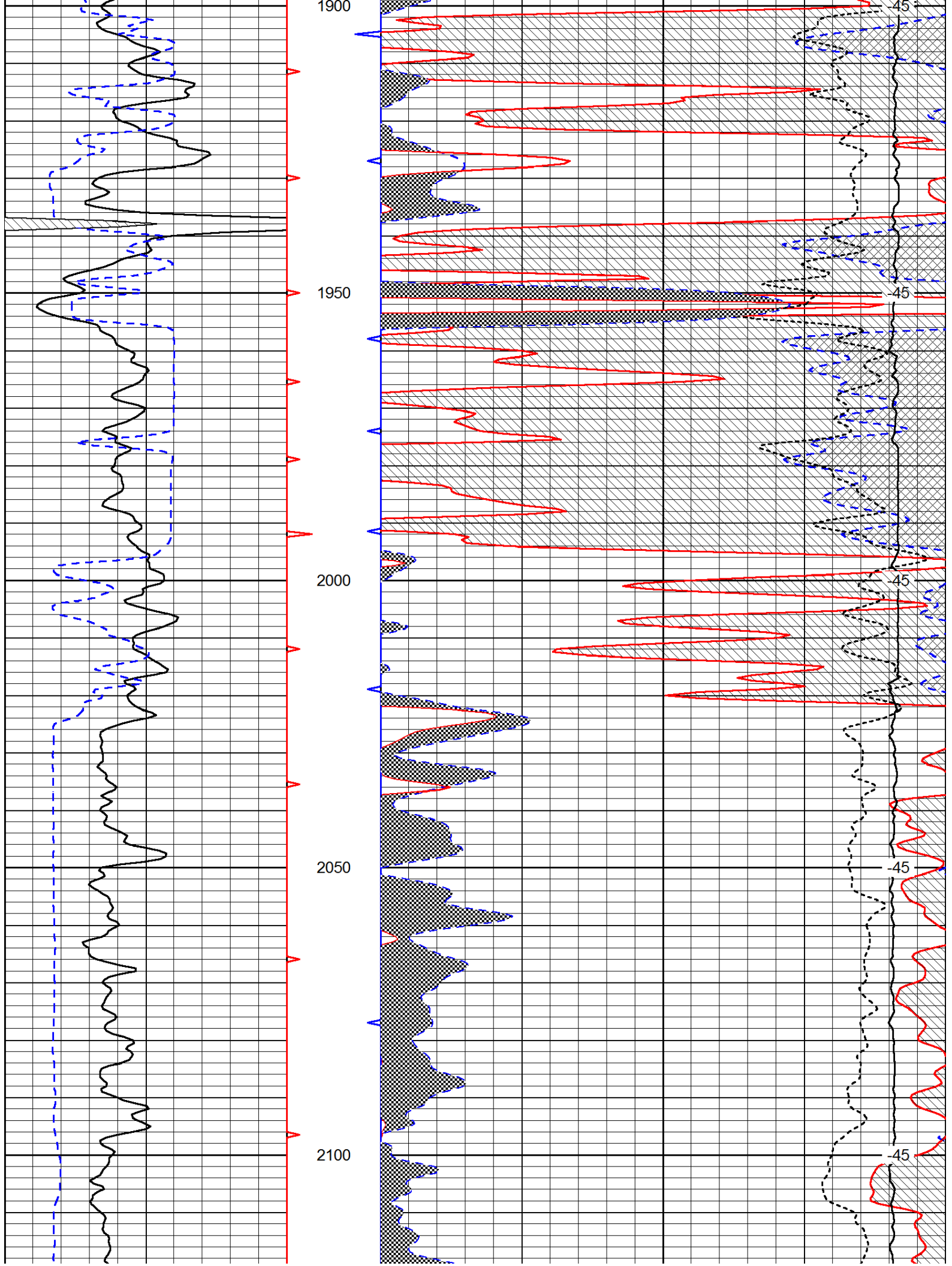


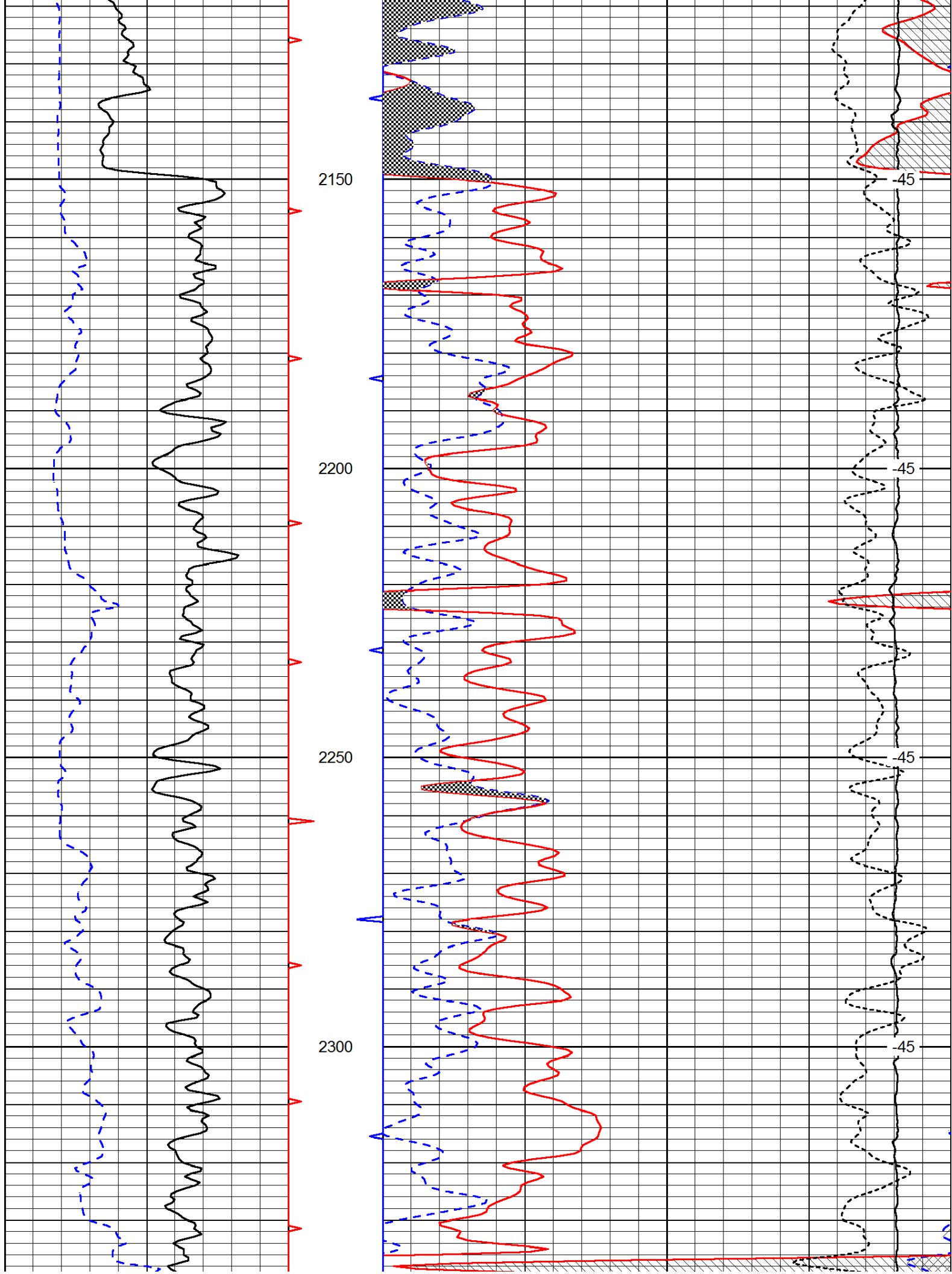


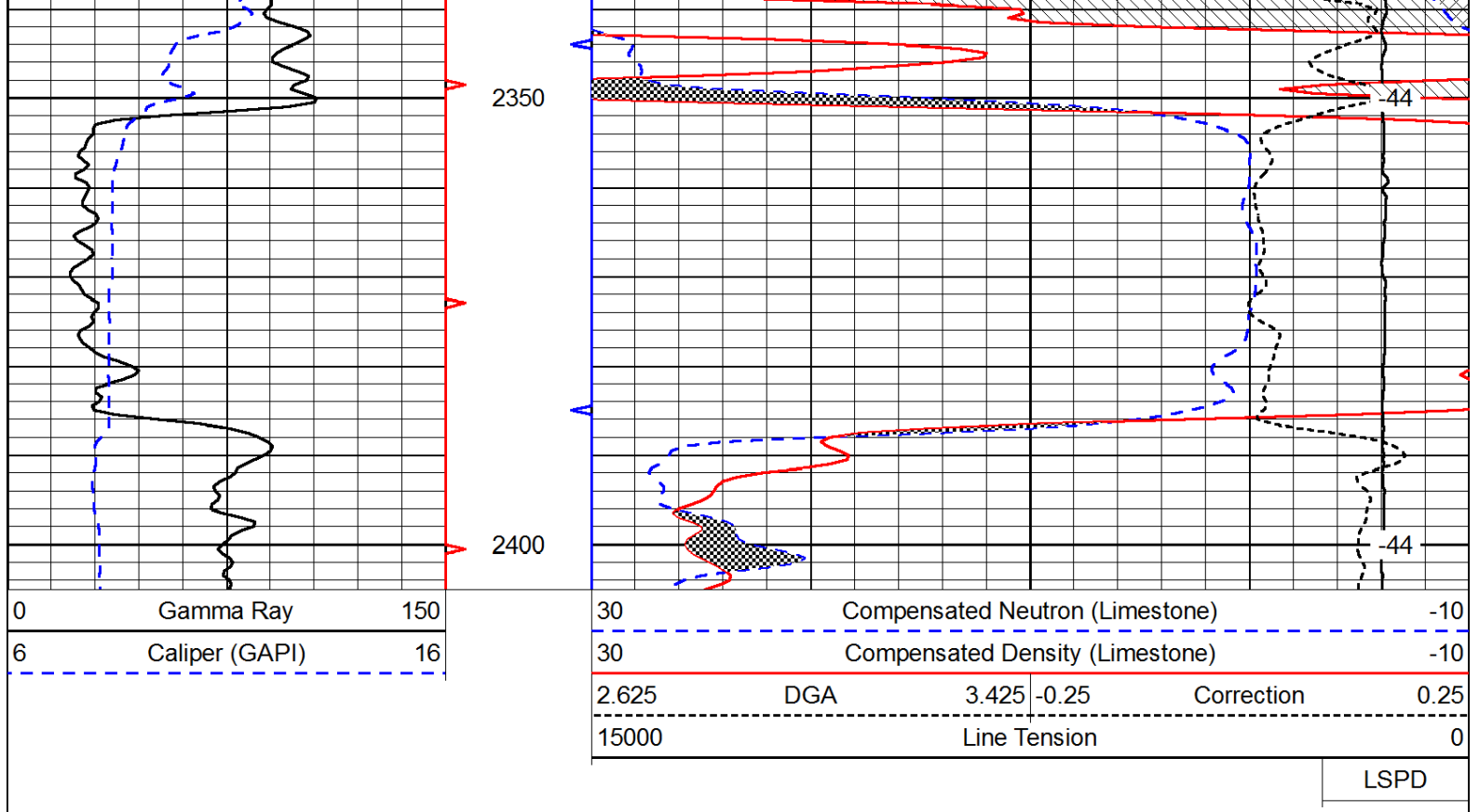
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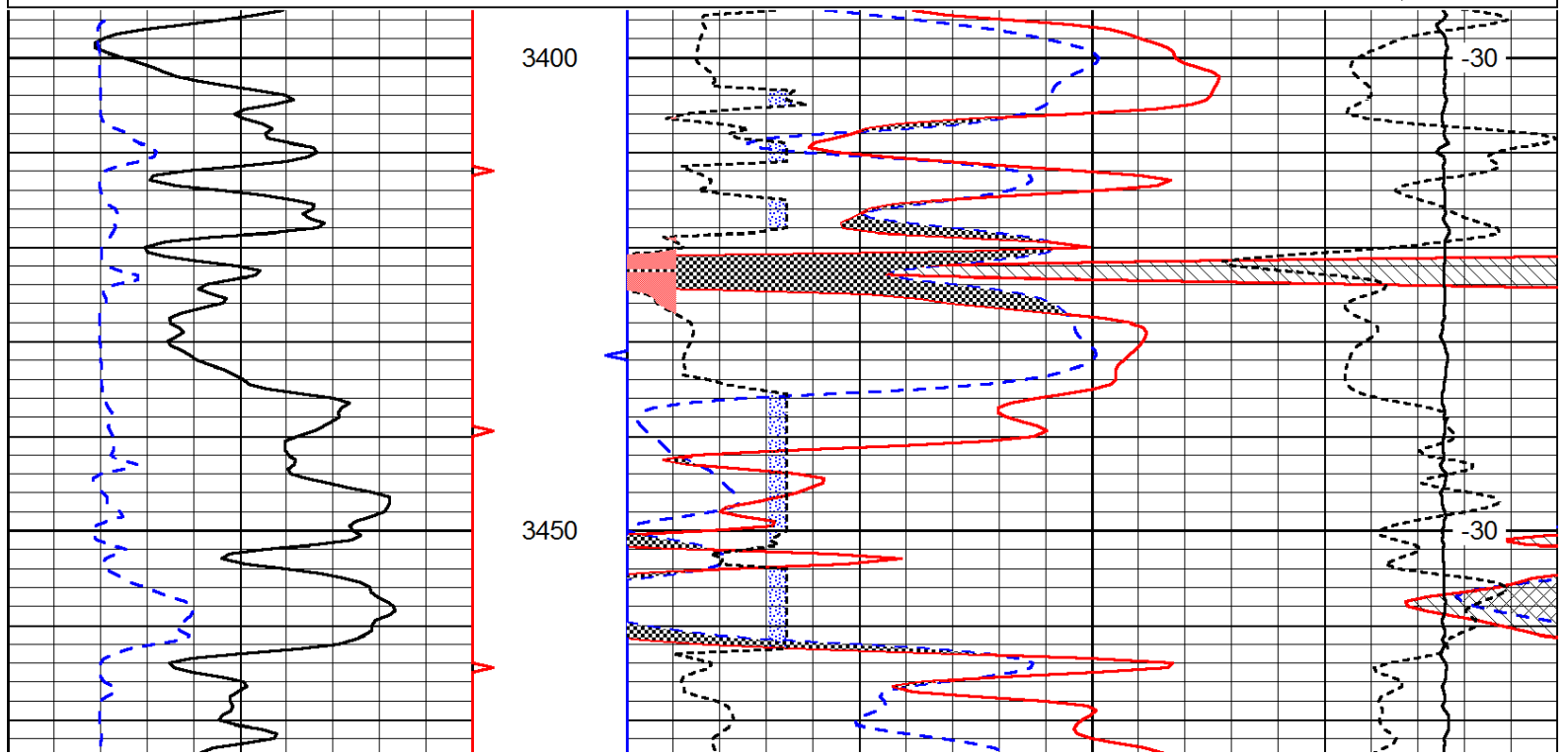
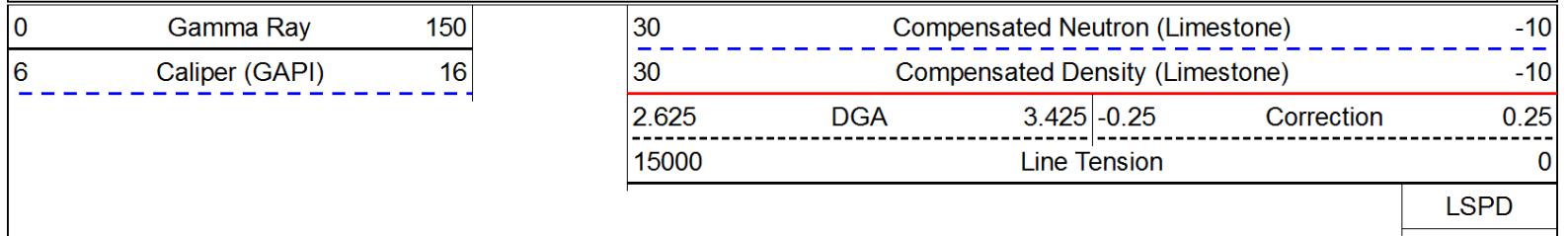


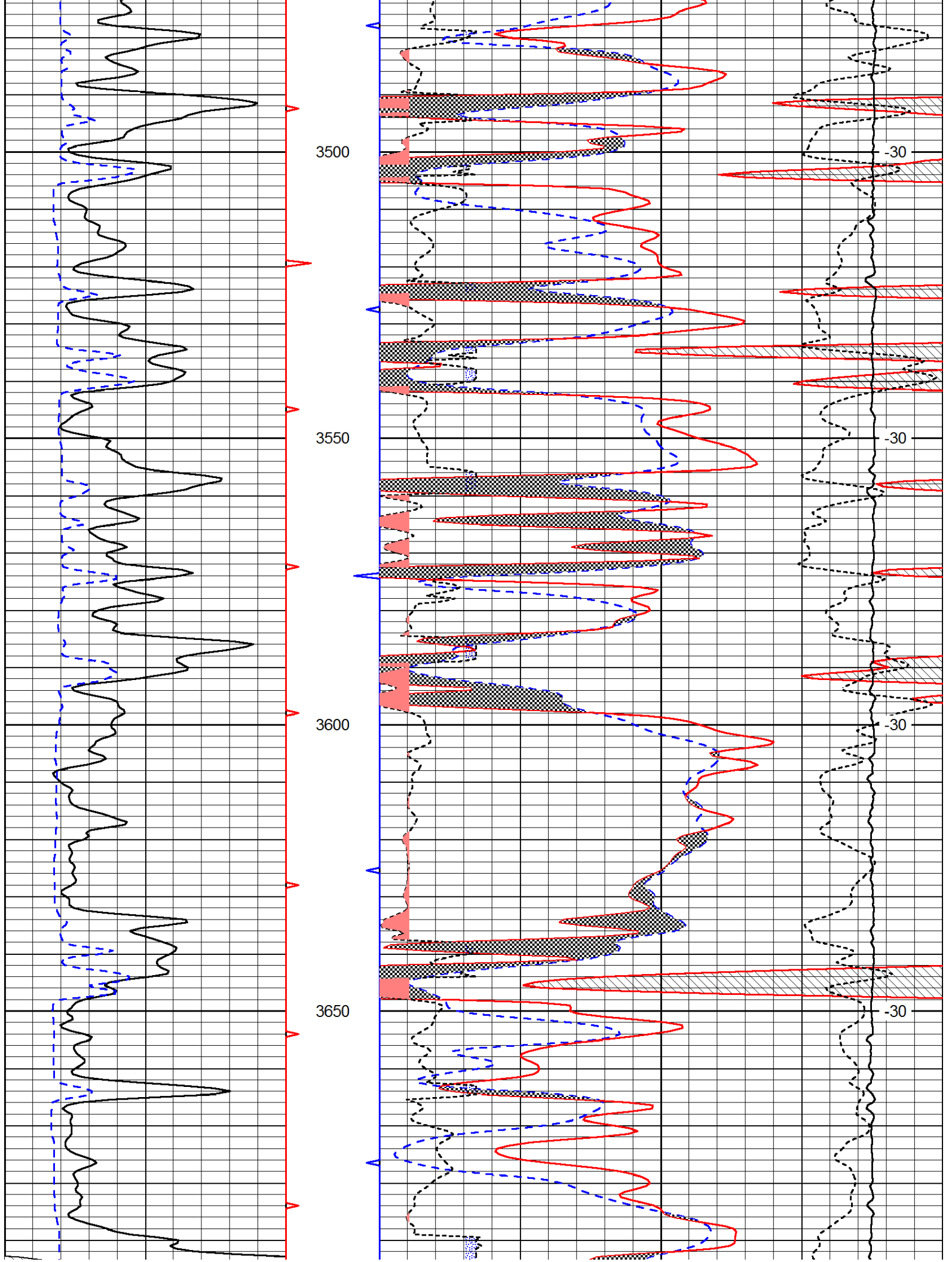


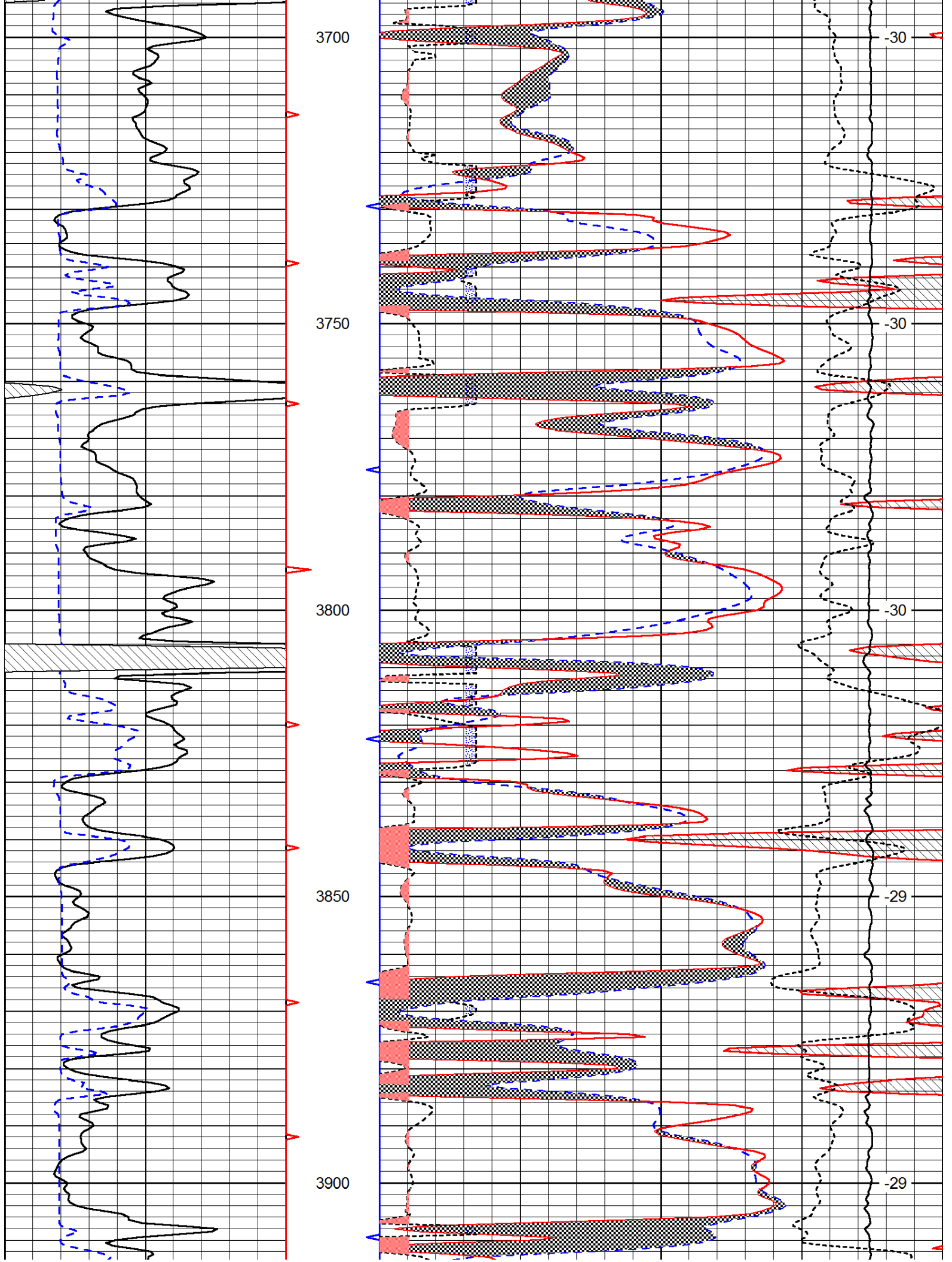


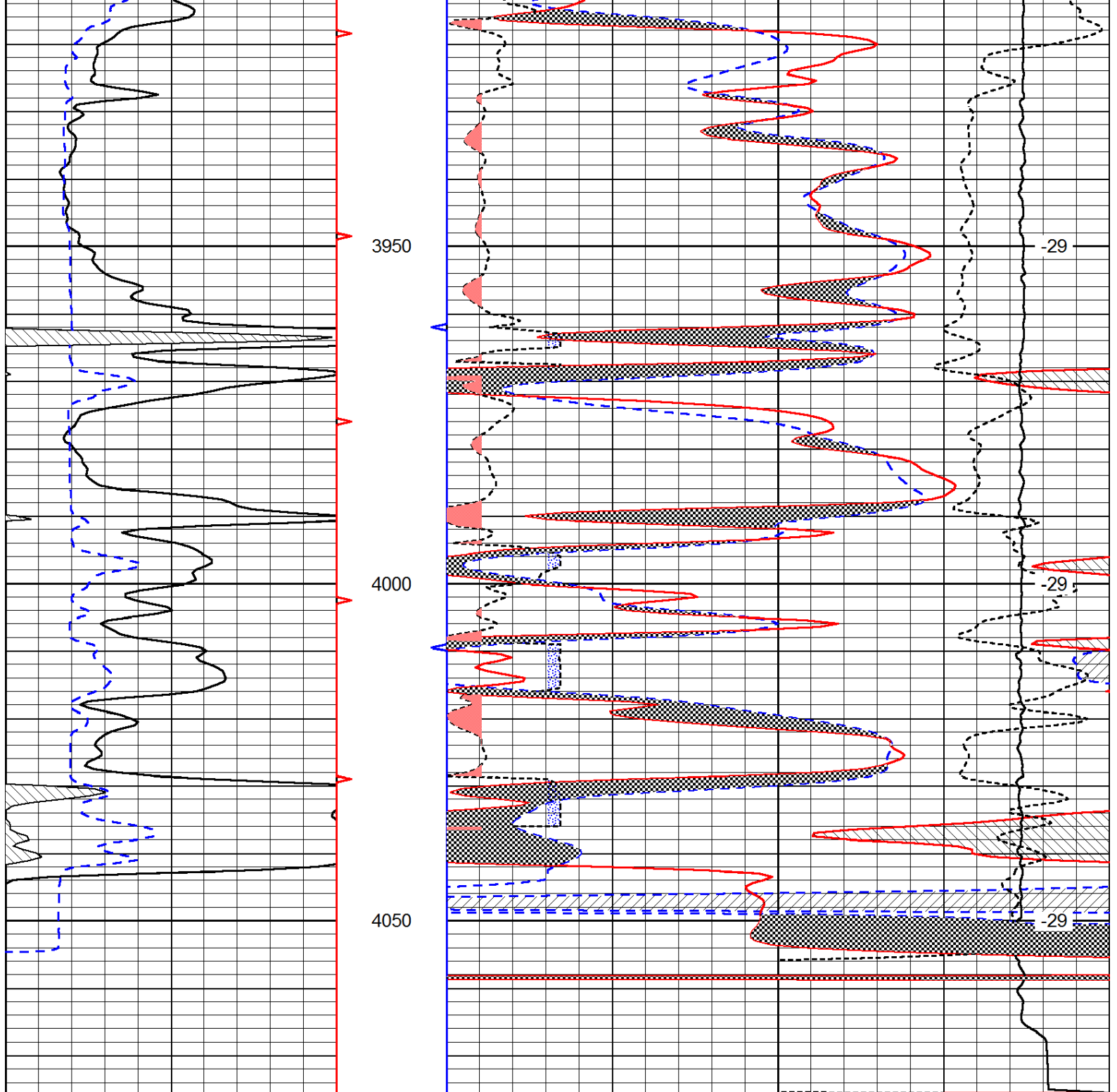


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 Charted by: Depth in Feet scaled 1:240









0	Gamma Ray	150
6	Caliper (GAPI)	16

30	Compensated Neutron (Limestone)			-10	
30	Compensated Density (Limestone)			-10	
2.625	DGA	3.425	-0.25	Correction	0.25
15000	Line Tension			0	

LSPD



Pioneer Energy Services

Dual Induction Log

15-179-20,219-00-02

API No.

Company Pioneer Oil Company, Inc.

Well Shaw No.1

Field Freda

County Sheridan State

Kansas

Location

1980' FSL & 1980' FEL

Other Services
CNL/CDL

Sec: 33 Twp: 8S Rge: 28W

Permanent Datum Ground Level Elevation 2716
Log Measured From Kelly Bushing 5 Ft. Above Perm. Datum
Drilling Measured From Kelly Bushing

Elevation

K.B. 2721
D.F. 2716
G.L. 2716

Date 12/13/2012

Run Number One

Depth Driller 4100

Depth Logger 4066

Bottom Logged Interval 4065

Top Log Interval 200

Casing Driller 8.625 @ 208

Casing Logger 207

Bit Size 7.875

Type Fluid in Hole Chemical

Salinity,ppm CL 17,100

Density / Viscosity 8.7 48

pH / Fluid Loss 9.5 22

Source of Sample Flowline

Rm @ Meas. Temp .56 @ 58

Rmf @ Meas. Temp .42 @ 58

Rmc @ Meas. Temp .76 @ 58

Source of Rmf / Rmc Charts

Rm @ BHT .26 @ 117

Operating Rig Time 5 Hours

Max Rec. Temp. F 117

Equipment Number 15

Location Hays

Recorded By D.Kerr

Witnessed By Rick Popp

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All interpretations are opinions based on inferences from electrical or other measurements and we cannot and do not guarantee the accuracy or correctness of any interpretation, and we shall not, except in the case of gross or willful negligence on our part, be liable or responsible for any loss, costs, damages, or expenses incurred or sustained by anyone resulting from any interpretation made by any of our officers, agents or employees. These interpretations are also subject to our general terms and conditions set out in our current Price Schedule.

Comments

Thank you for using Pioneer Energy Services
www.pioneerenergy.com
785 625 3858

Hoxie KS, 3 South to 40 RD,
1/10 West, North Into

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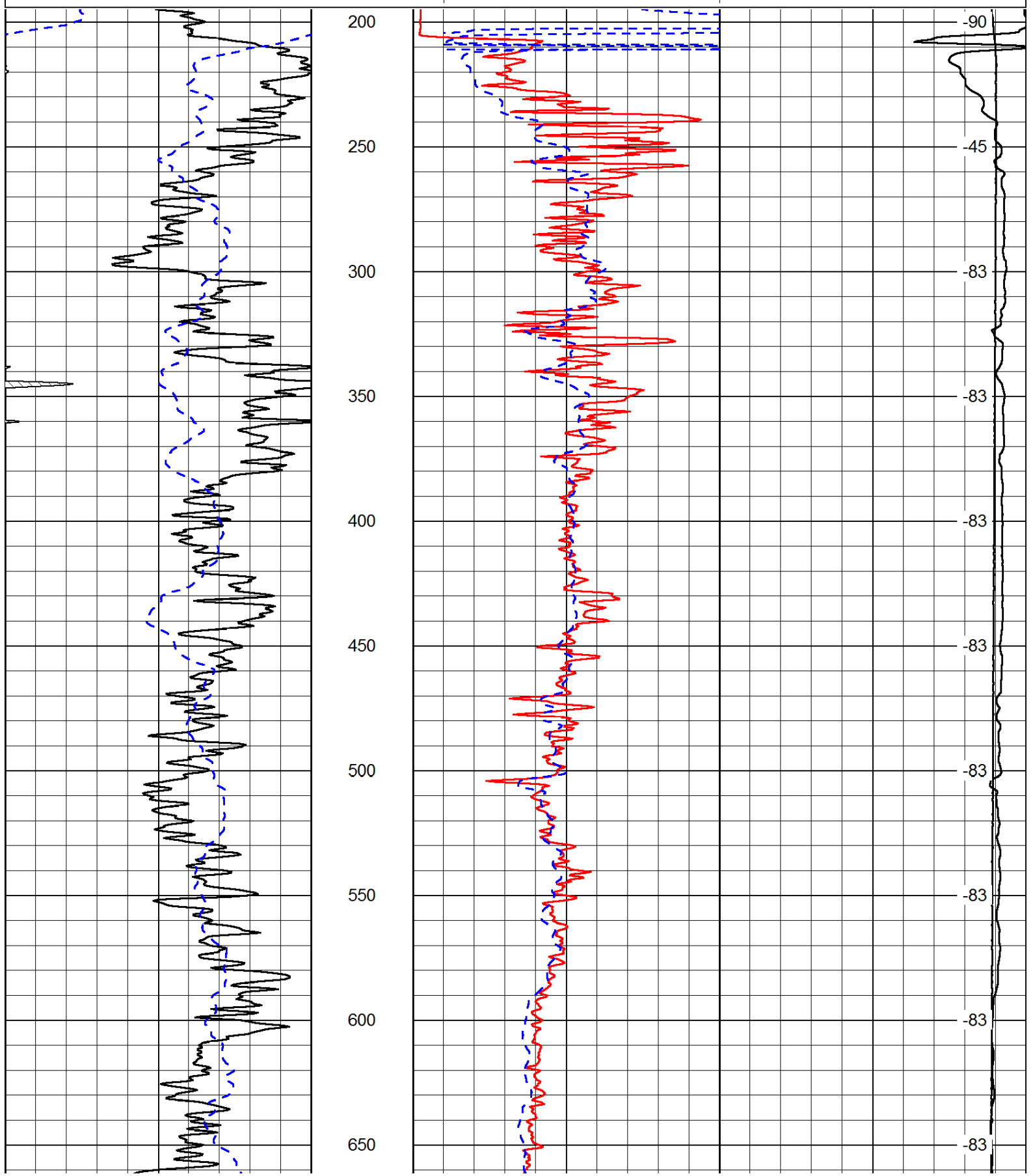
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-200	SP (mV)	0

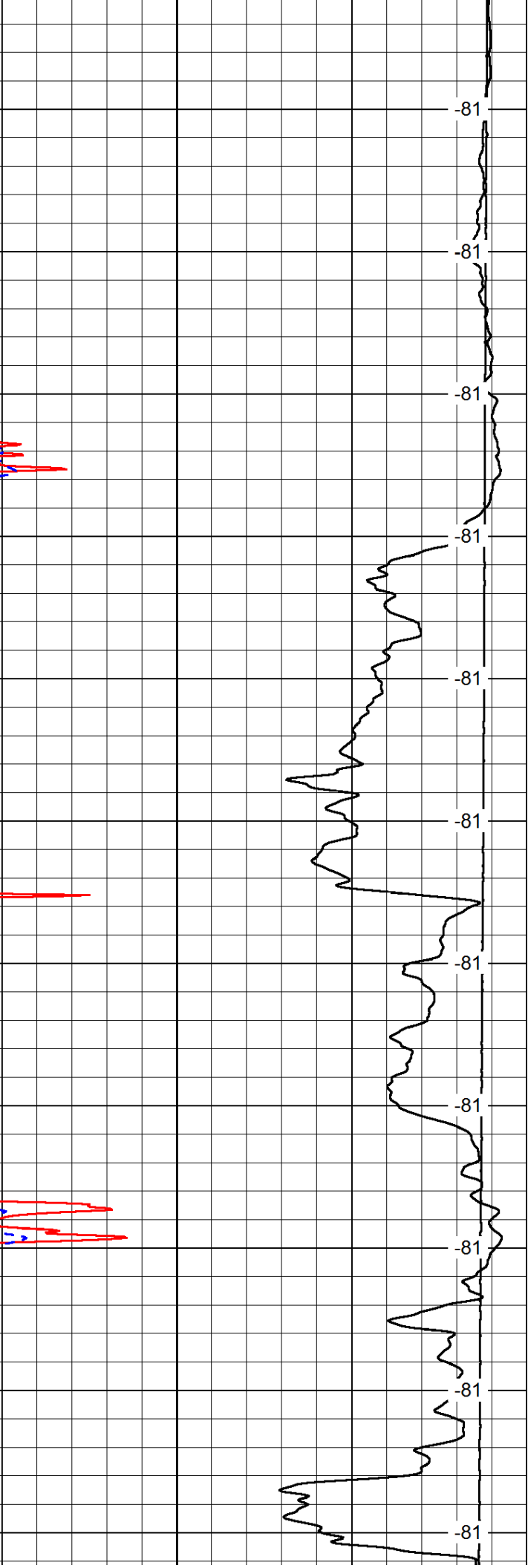
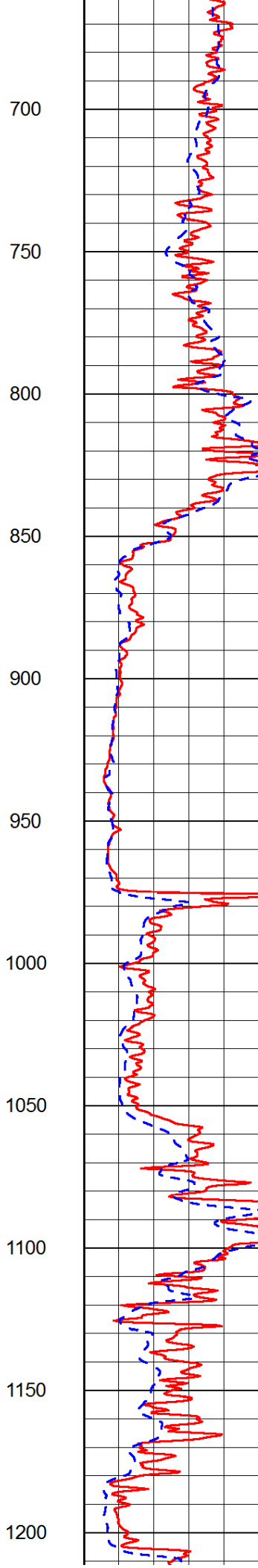
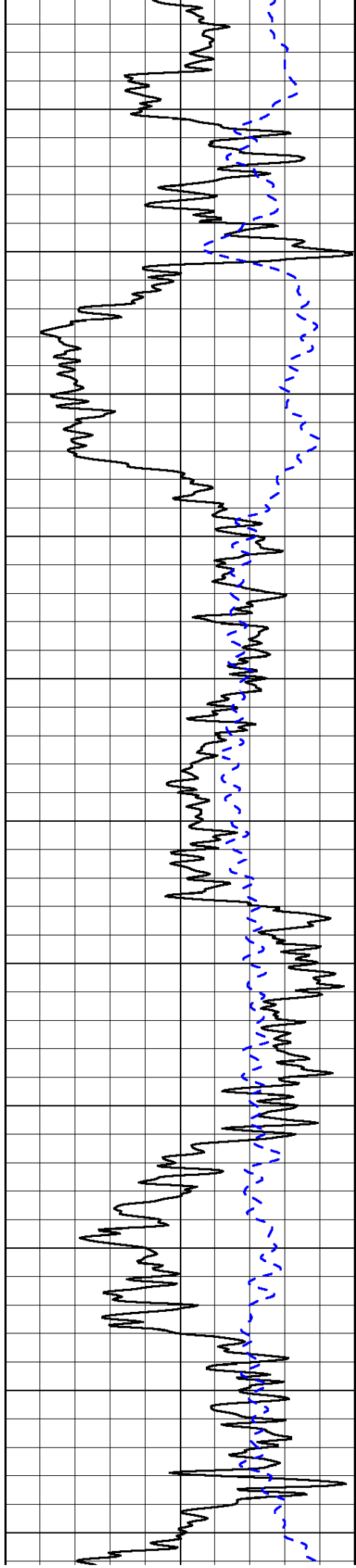
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0	Deep Resistivity	50

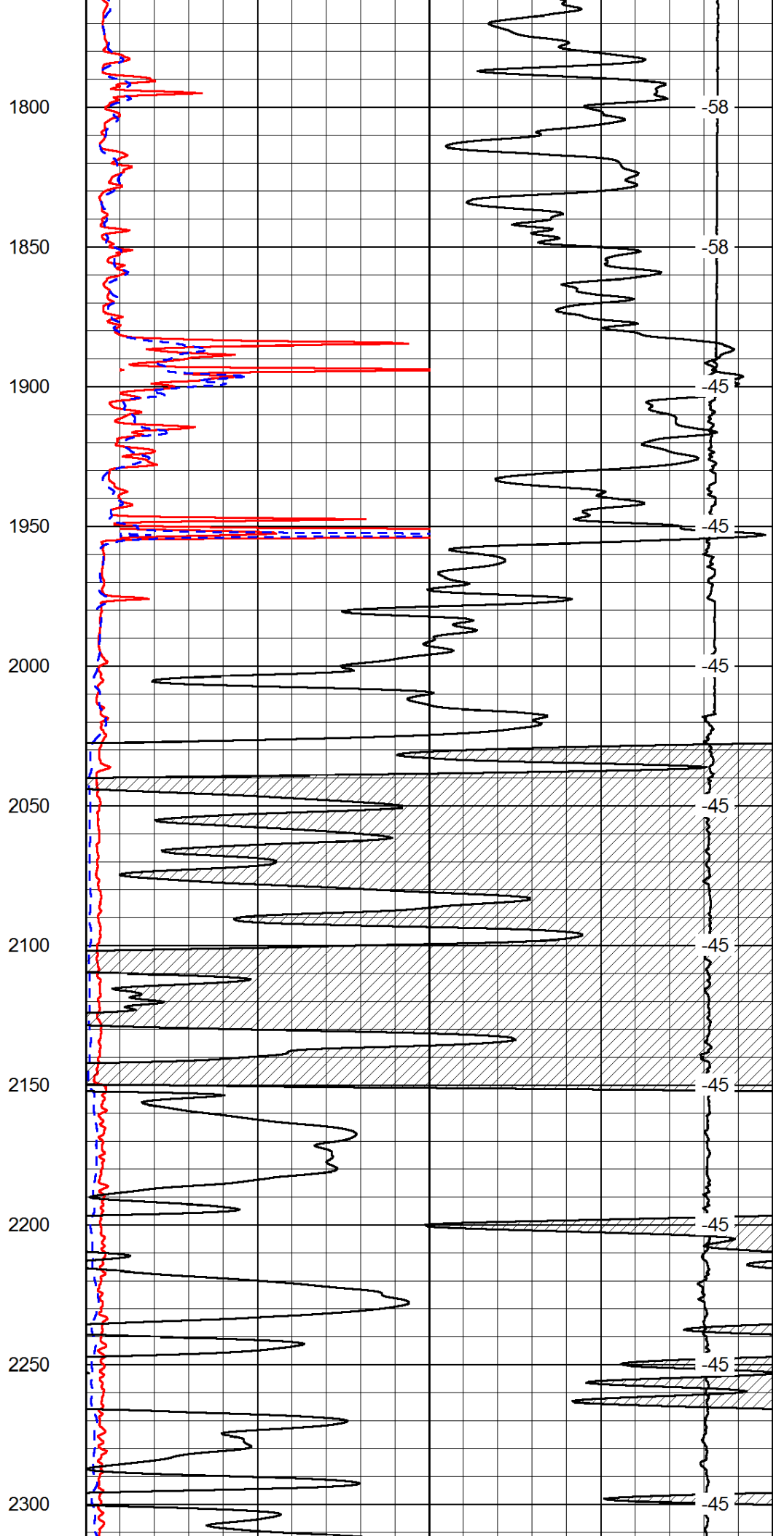
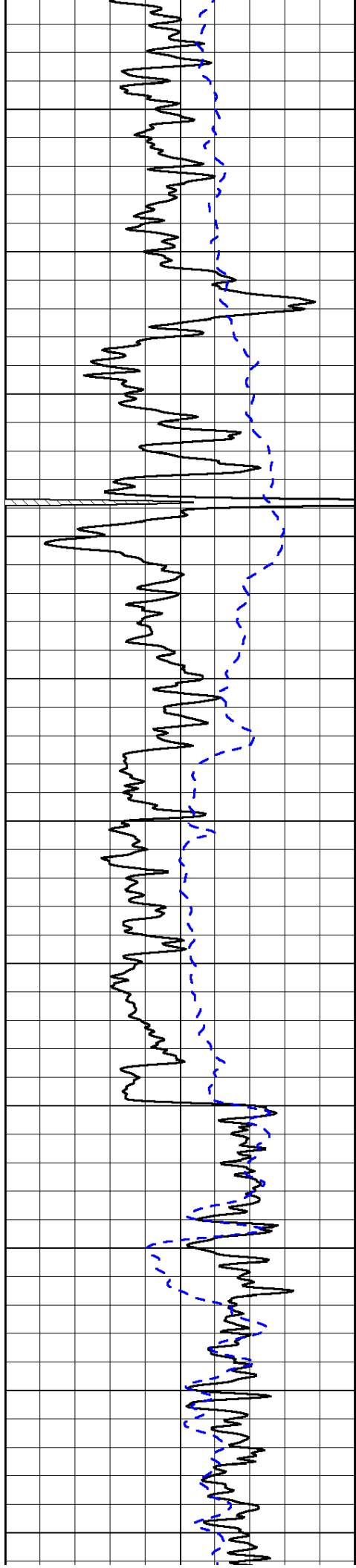
LSPD

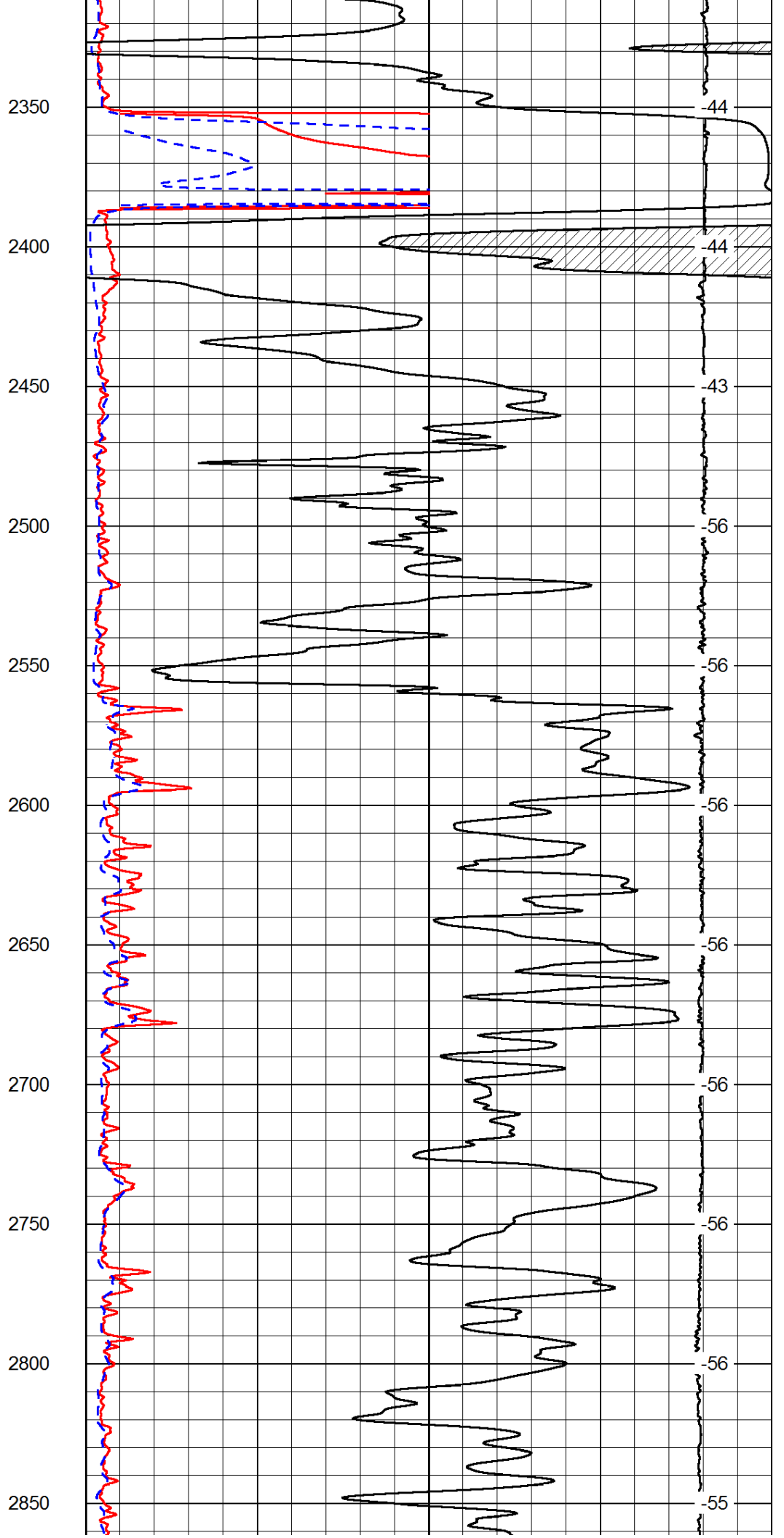
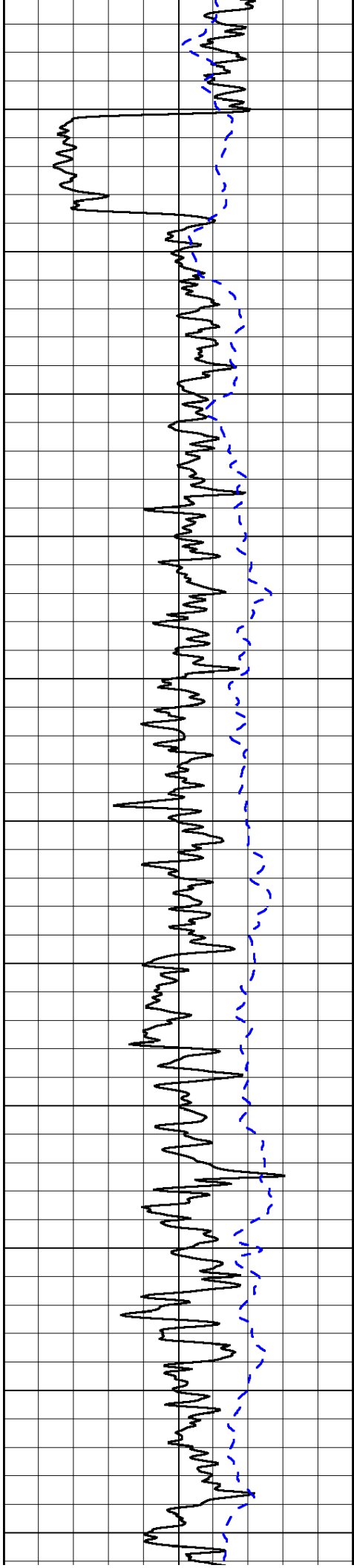
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15000	Line Tension	0

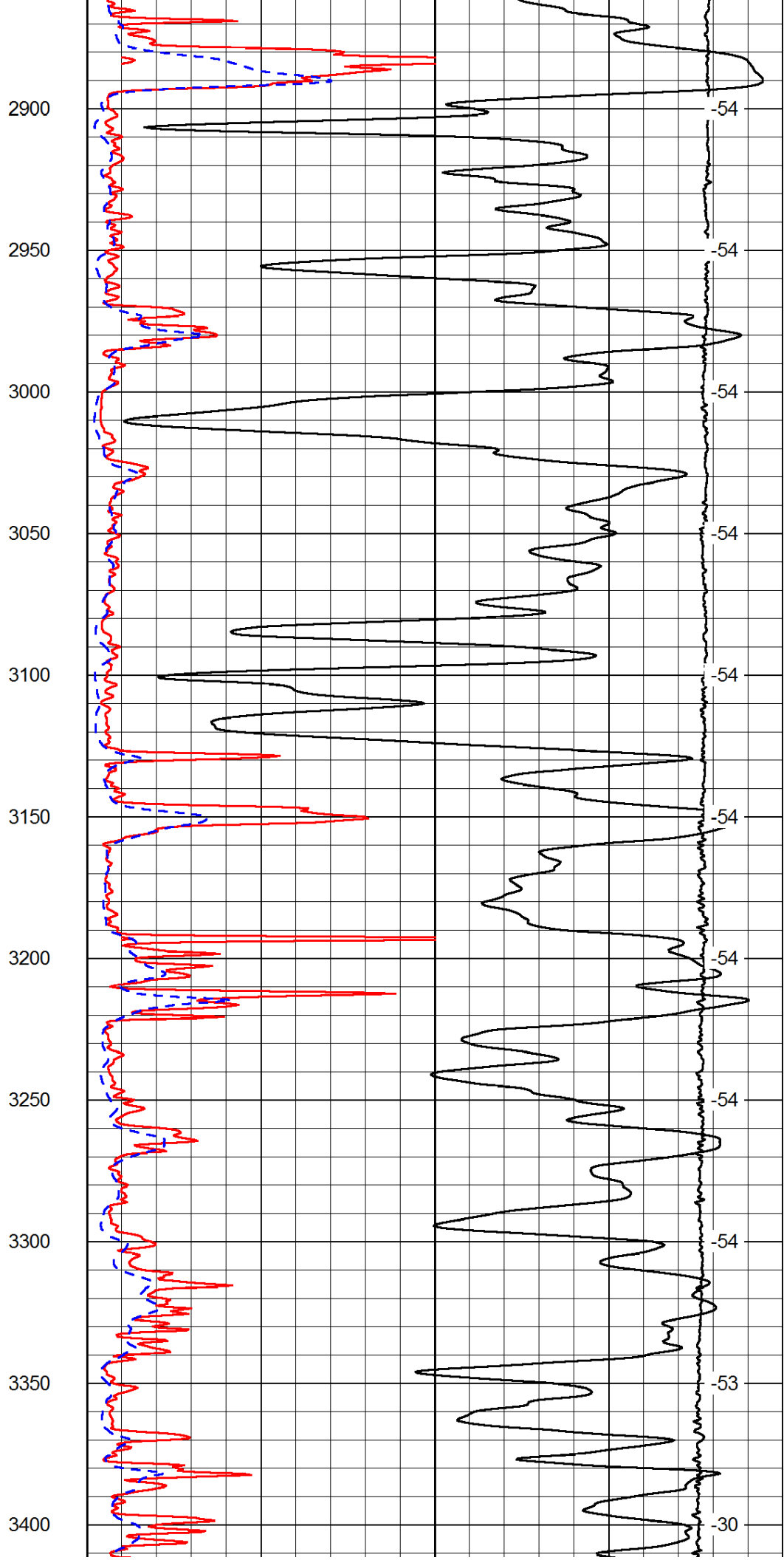
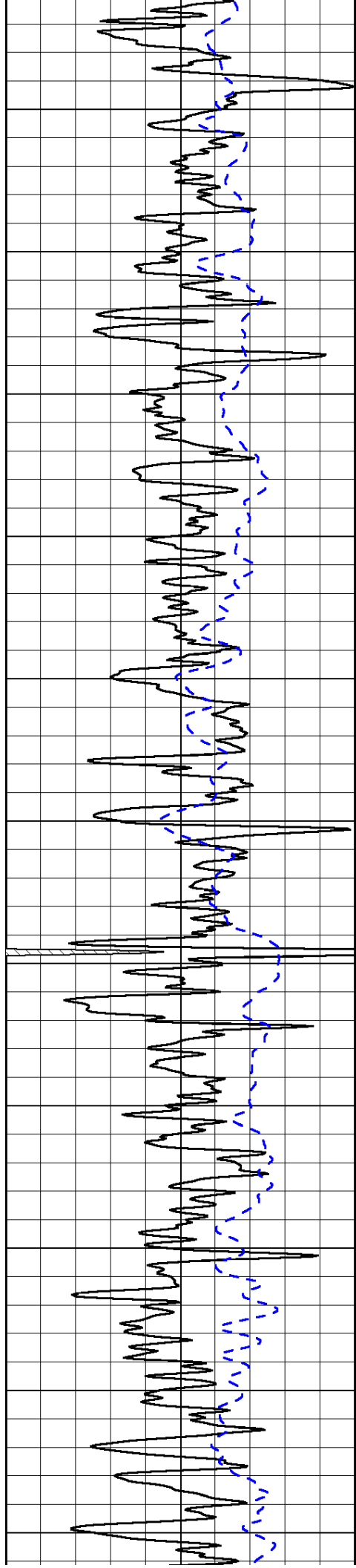
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50	Deep Resistivity	500

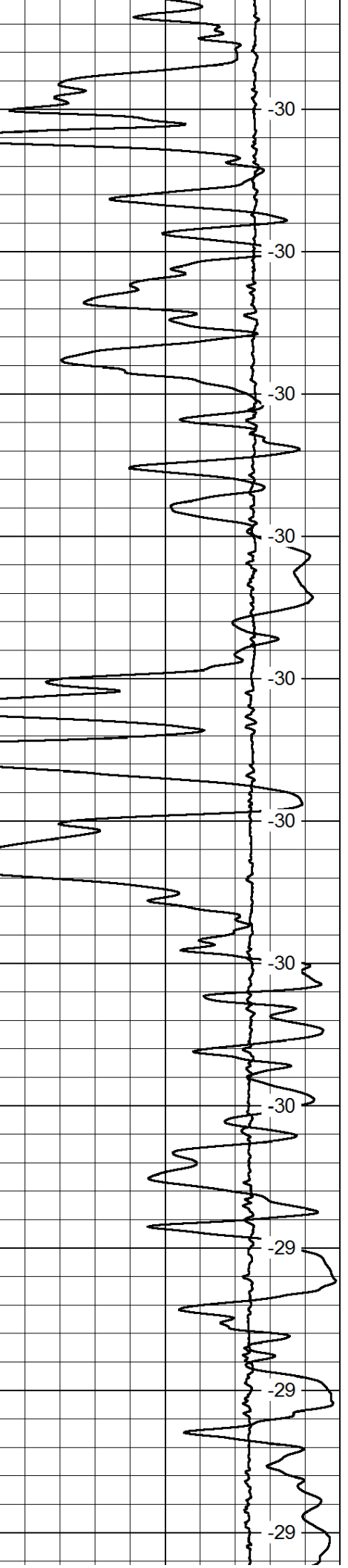
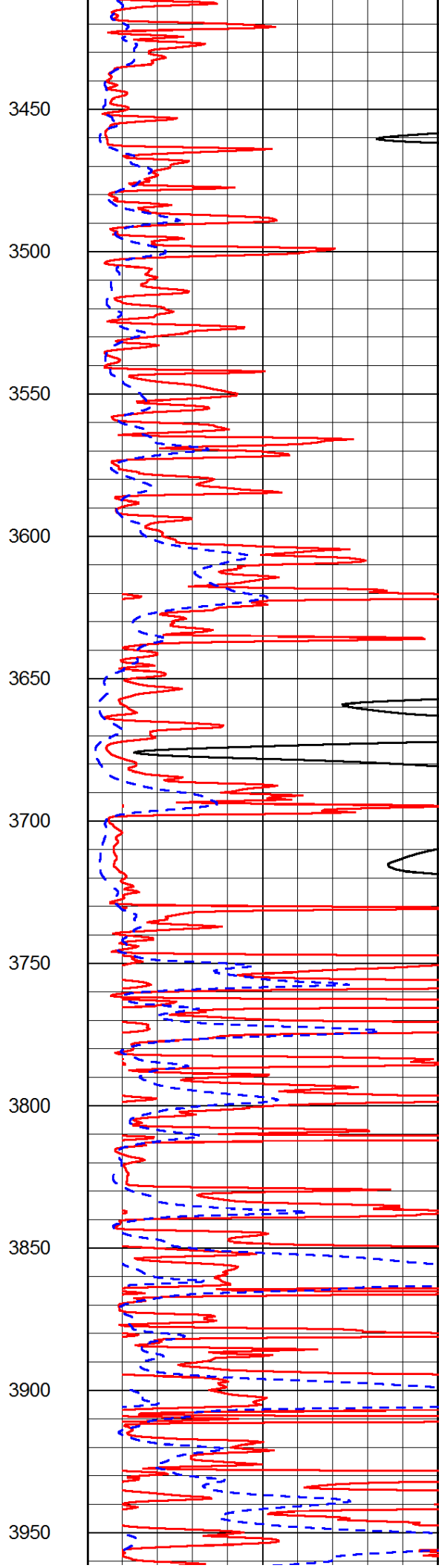
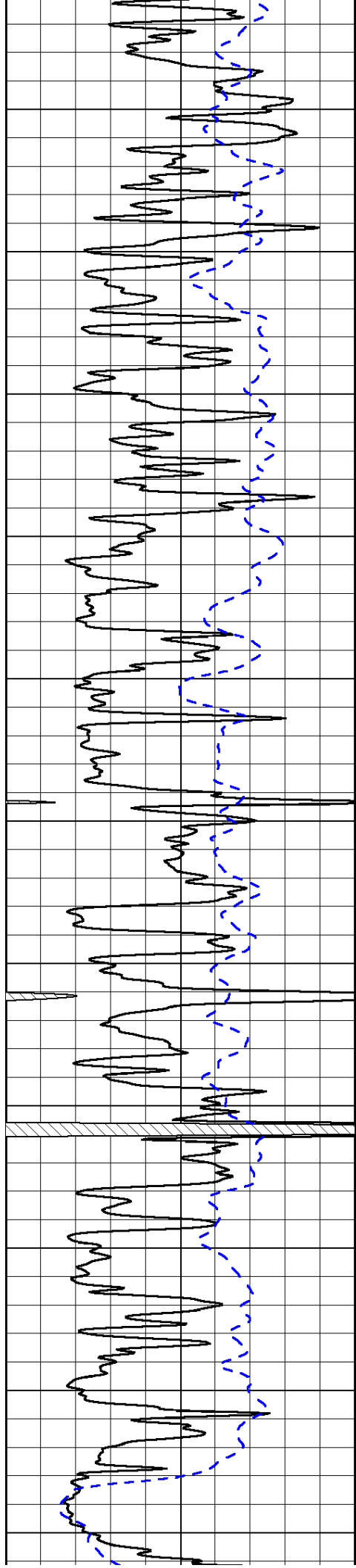


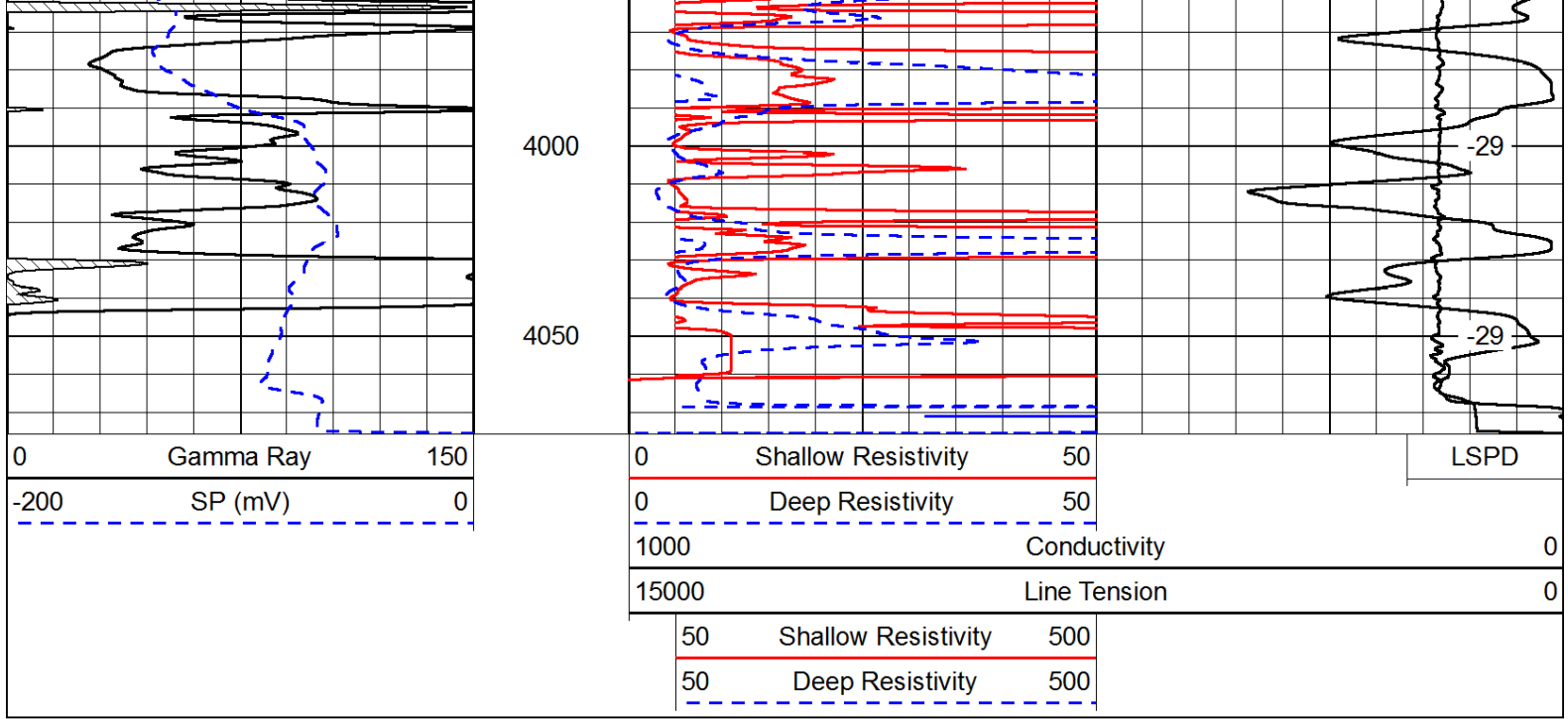




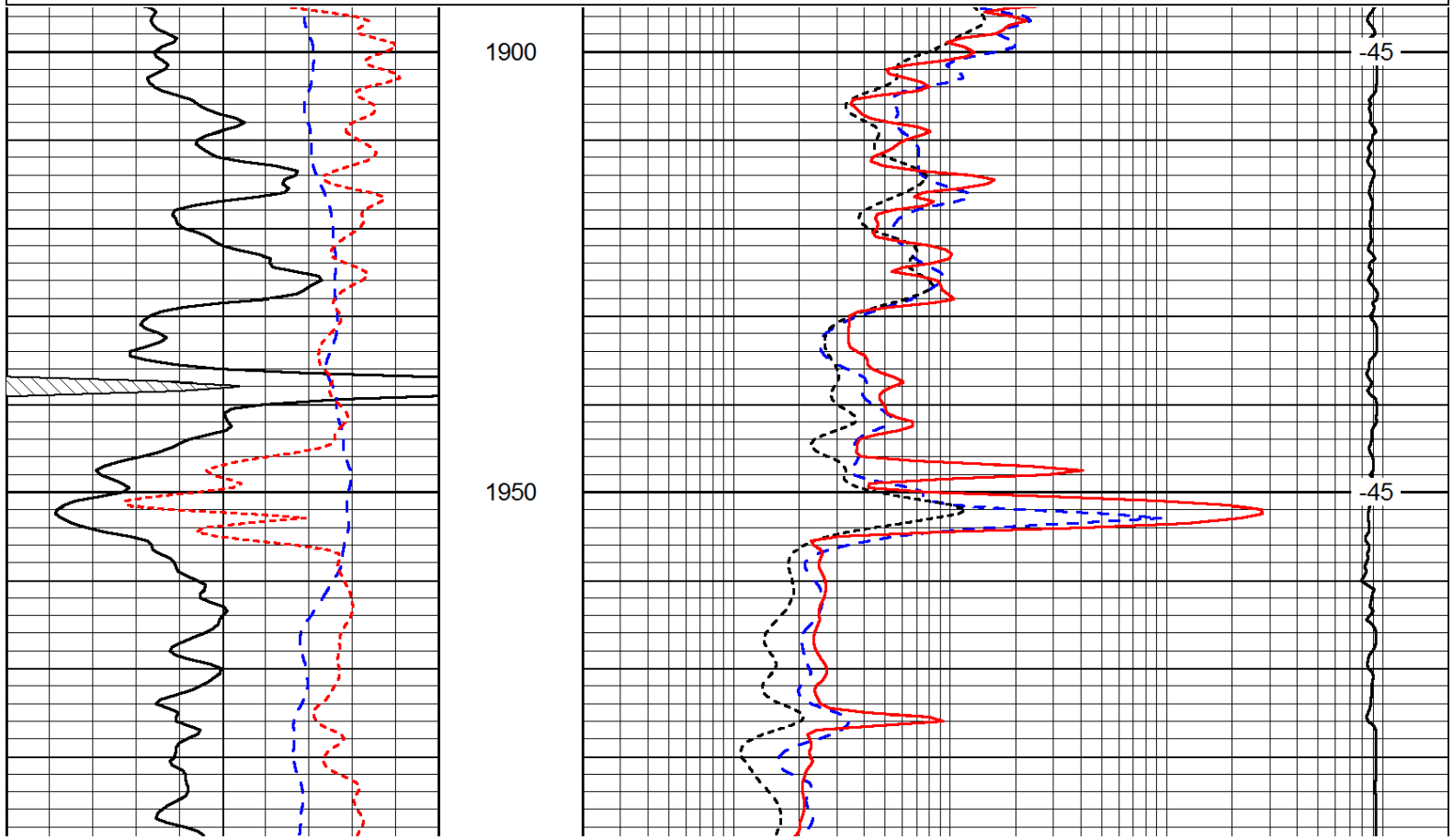
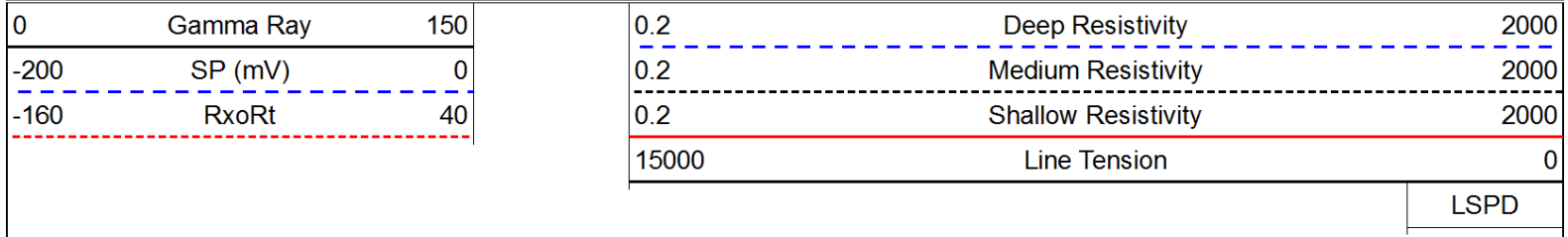


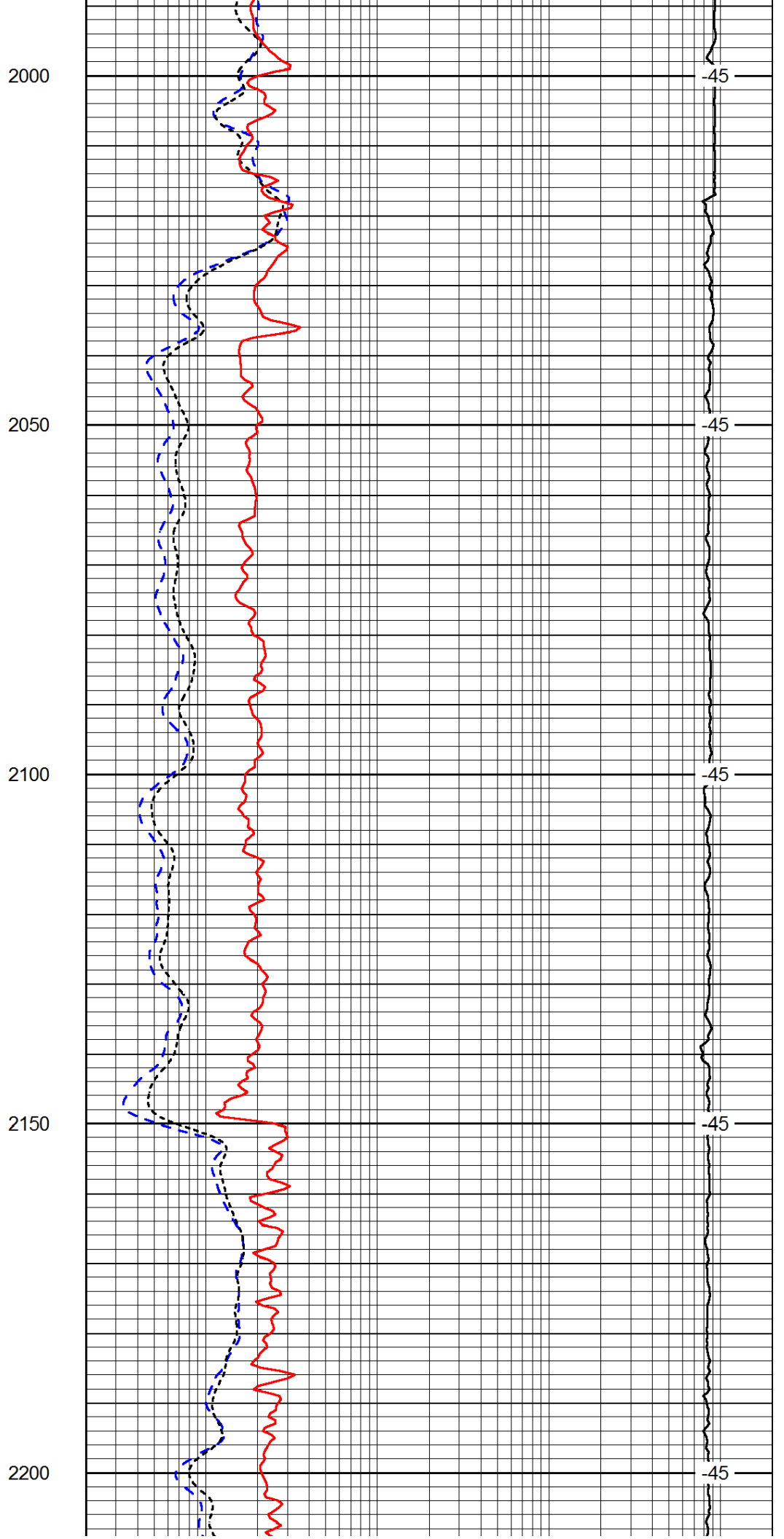
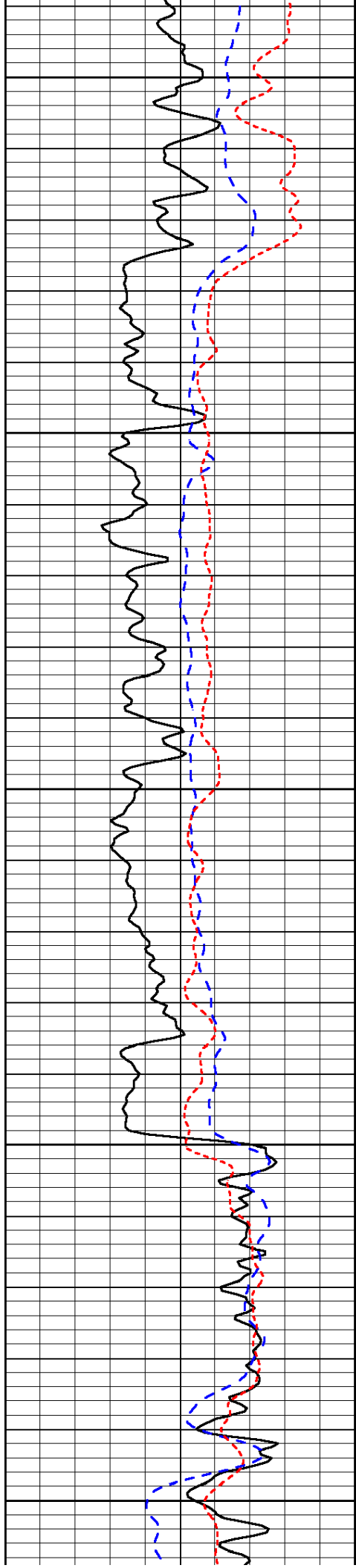


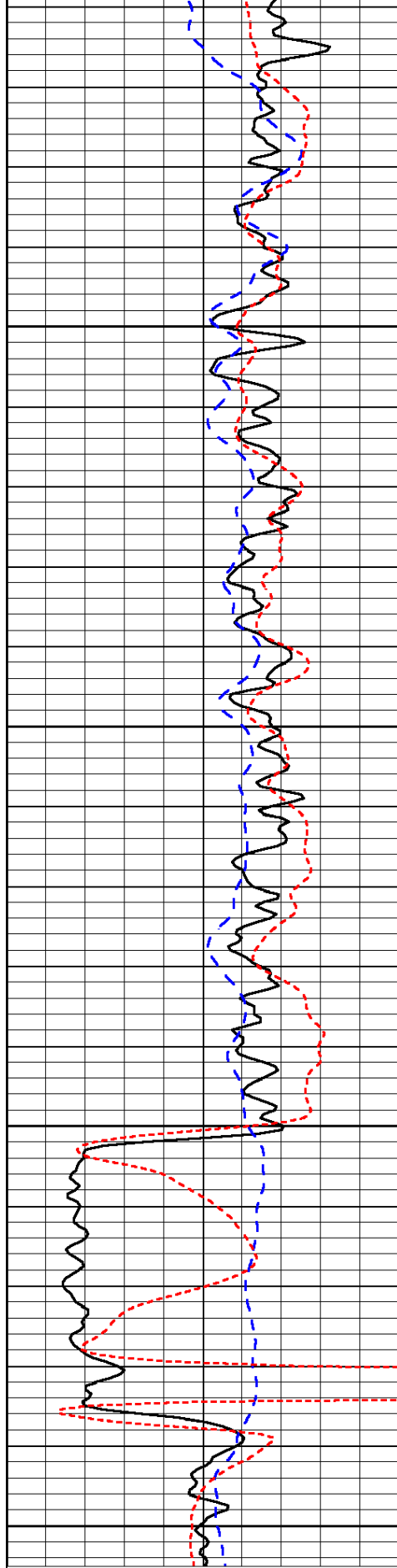




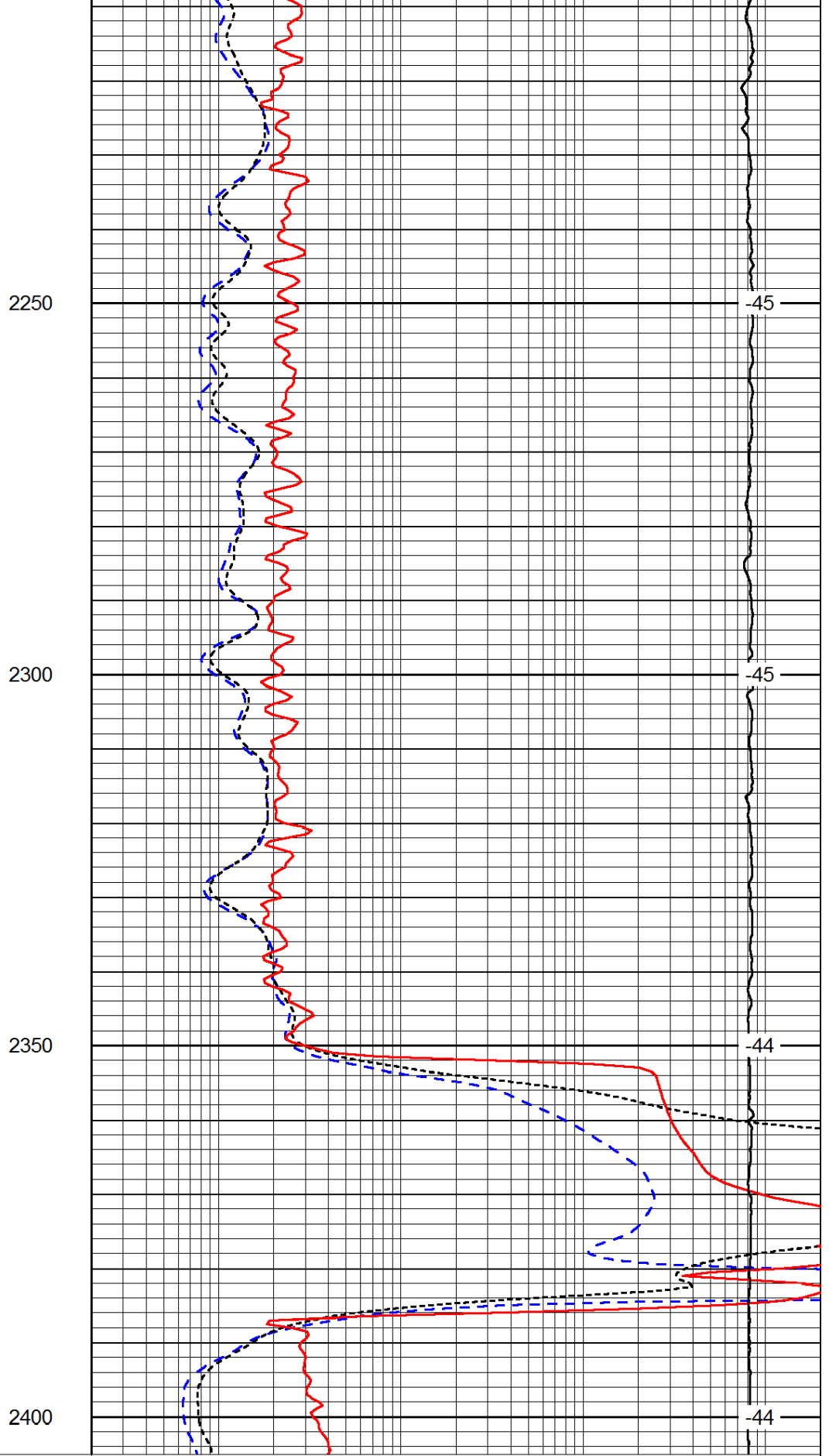
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0	Gamma Ray	150
-200	SP (mV)	0
-160	RxoRt	40



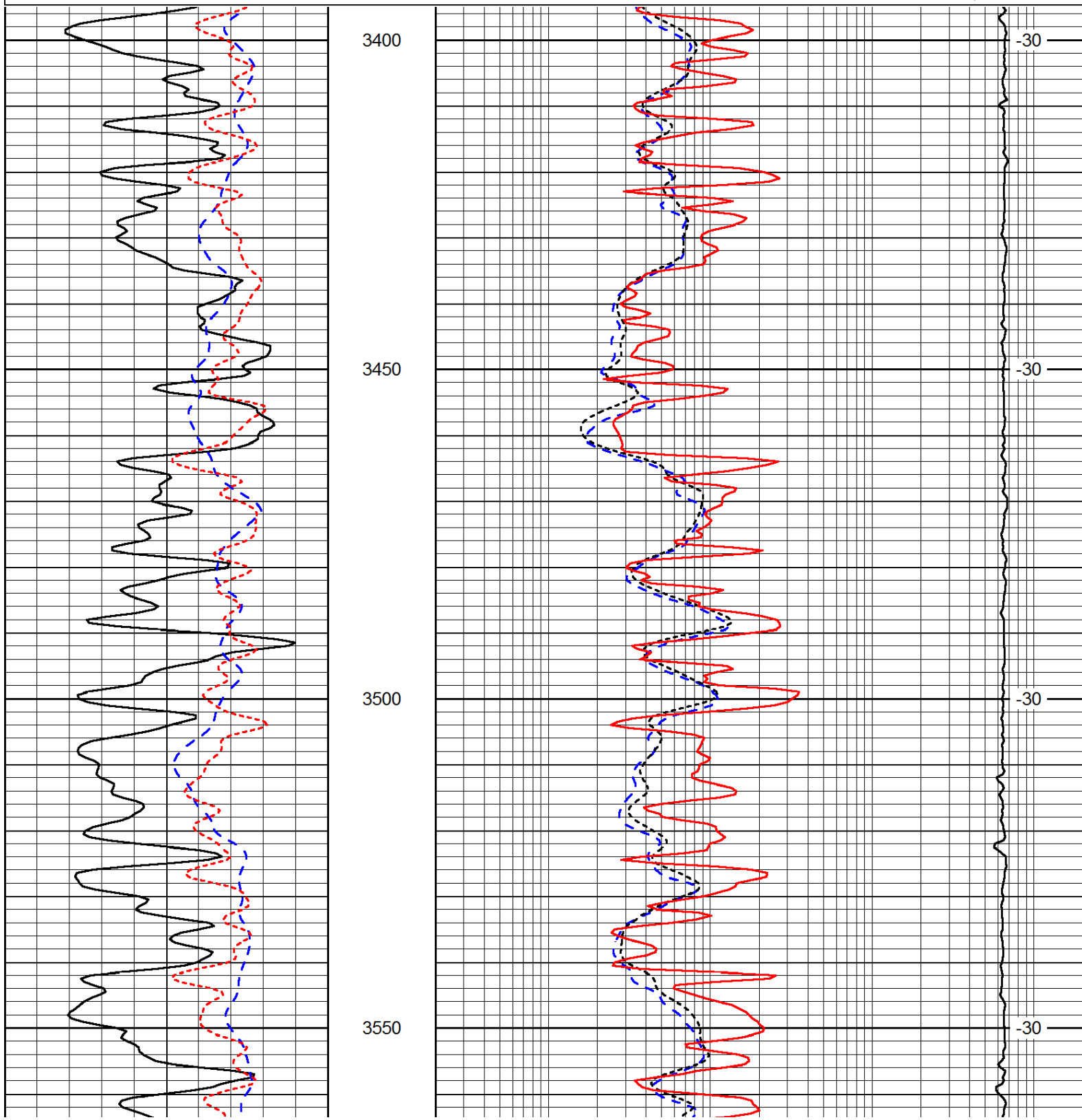
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0.2	Medium Resistivity	2000
0.2	Shallow Resistivity	2000
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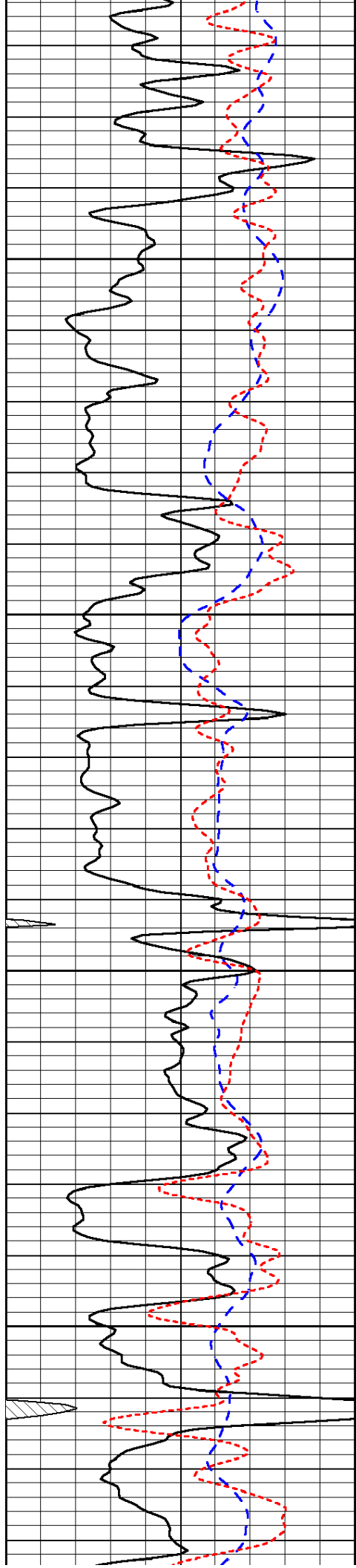
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 Charted by: Depth in Feet scaled 1:240

0	Gamma Ray	150
-200	SP (mV)	0
-160	RxoRt	40

0.2	Deep Resistivity	2000
0.2	Medium Resistivity	2000
0.2	Shallow Resistivity	2000
15000	Line Tension	0

LSPD



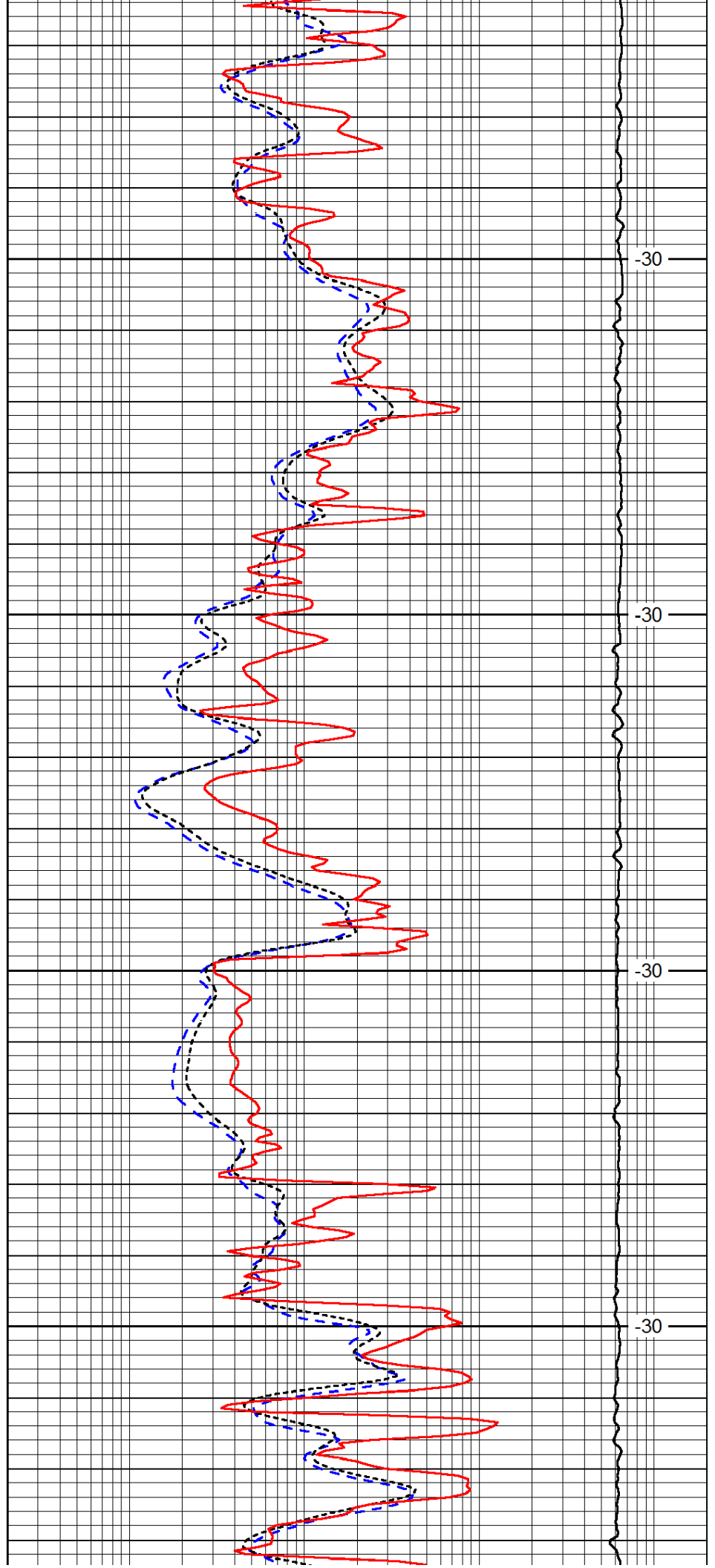


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3650

3700

3750

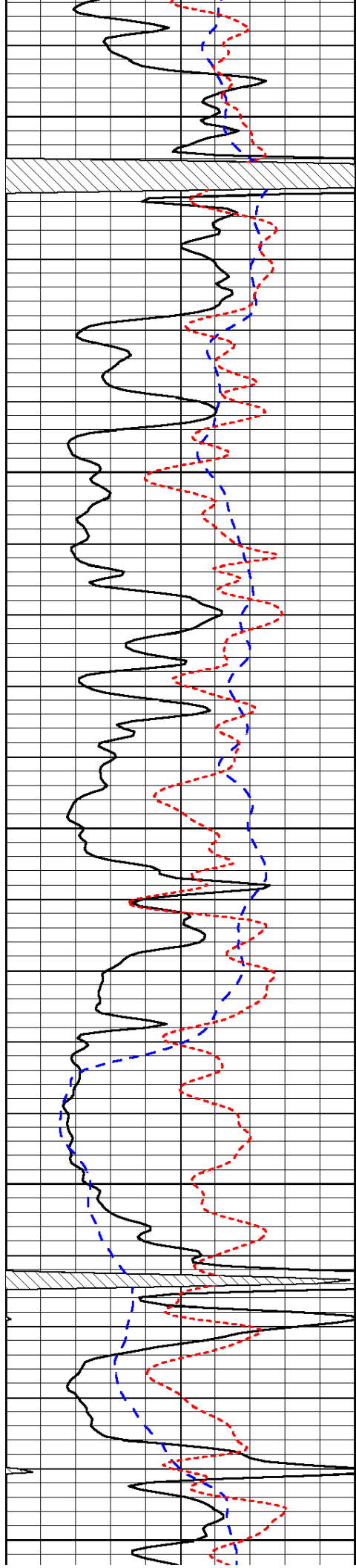


-30

-30

-30

-30



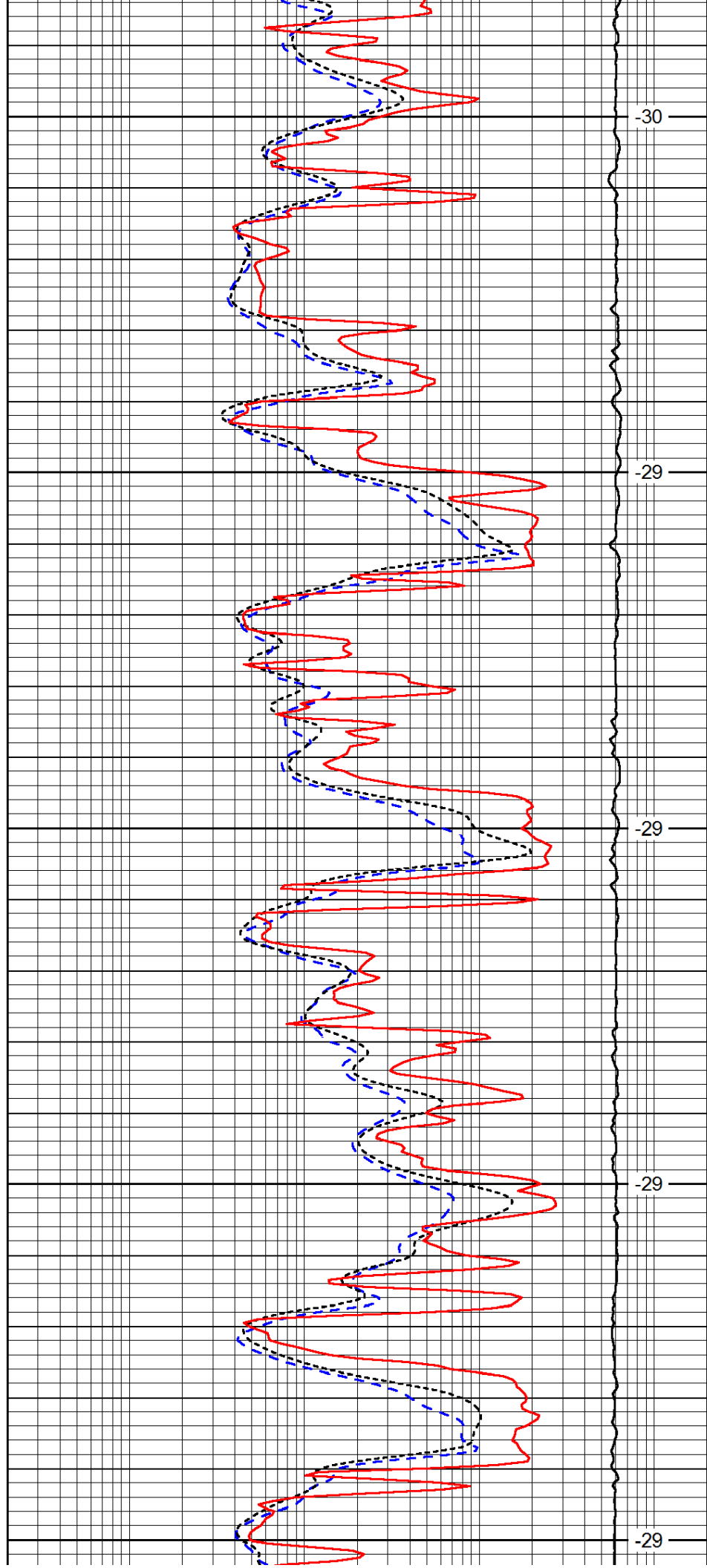
3800

3850

3900

3950

4000



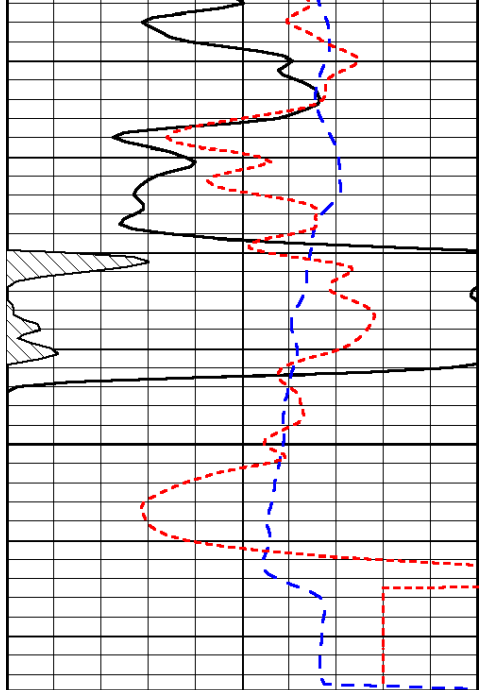
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-29

-29

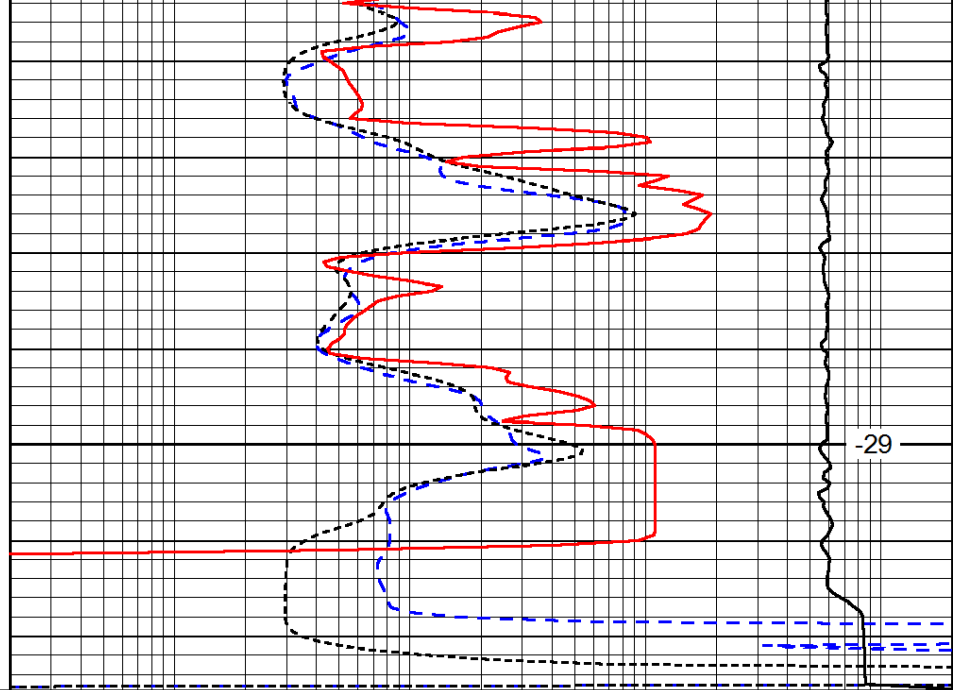
-29

-29



0	Gamma Ray	150
-200	SP (mV)	0
-160	RxoRt	40

4050



-29

0.2	Deep Resistivity	2000
0.2	Medium Resistivity	2000
0.2	Shallow Resistivity	2000
15000	Line Tension	0

LSPD

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

February 09, 2013

Jenna Sibert
Pioneer Oil Company, Inc.
HWY 50 AND AIRPORT RD
RR # 4 BOX 142B
LAWRENCEVILLE, IL 62439

Re: ACO1
API 15-179-20219-00-02
Shaw 1 OWWO
SE/4 Sec.33-08S-28W
Sheridan County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Jenna Sibert