



Confidentiality Requested:

Yes No

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: _____



1149968

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Summary of Changes

Lease Name and Number: Hineman P 1 SWD

API/Permit #: 15-101-20109-00-01

Doc ID: 1149968

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	06/27/2013	07/01/2013
Liner Run?		No
Method Of Completion - Other	No	Yes
Method Of Completion - Other Detail		Salt Water Disposal
Method Of Completion - Perf	No	Yes
Perf_Record_1		1700-1850
Perf_Shots_1		1
Producing Formation	cedar Hills	Cedar Hills
Production Interval #1		1700 - 1850
Save Link	../..kcc/detail/operatorEditDetail.cfm?docID=1149679	../..kcc/detail/operatorEditDetail.cfm?docID=1149968



CHARGE TO: **LARSON ENGINEERING**
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET N° **24769**

PAGE 1 OF

SERVICE LOCATION: 1. **NESS City, KS.** WELL/PROJECT NO.: LEASE: **HINEMAN P#1** COUNTY/RANGE: **LANE** STATE: **KS.** CITY: **DIGHTON, KS.** DATE: **21 May 13** OWNER:
 2. TICKET TYPE: SERVICE SALES CONTRACTOR: **WILD WEST WELL SERV** RIG NAME/NO.: SHIPPED VIA: DELIVERED TO: ORDER NO.:
 3. WELL TYPE: **DISPOSAL** WELL CATEGORY: **DEVELOPMENT** JOB PURPOSE: **4 1/2 SHORTSTRING** WELL PERMIT NO.: WELL LOCATION: **6S, 1E, 1/2S, E INTO**
 4. REFERRAL LOCATION: INVOICE INSTRUCTIONS:

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575					MILEAGE \$115	40		MIL		6.00	240.00
578					Pump CHARGE	1		JOB		1500.00	1500.00
276					FLOCELE	100		lbs		2.00	200.00
290					D-AIR	4		sq ft		42.00	168.00
330					SMD CEMENT	400		sq		17.00	6800.00
581					CEMENT SERVICE CHARGE	400		sq		2.00	800.00
583					DRAYAGE	39890		lbs	797.8 Tm	1.00	797.80

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X *T.C. Larson*
 DATE SIGNED: **21 May 13** TIME SIGNED: **1745** A.M. P.M.

REMIT PAYMENT TO:
SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				10,505.80
WE UNDERSTOOD AND MET YOUR NEEDS?				
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				SWD d/or TAX 4/21/13 Well
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO			TOTAL
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				10,505.80

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR: *J. E. Kraft* APPROVAL: _____

Thank You!

COMPANY: Donald C. Slawson
408 120 Building
Wichita, Kansas 67202

LEASE: Hineman 'P' #1
C NW SW Sec. 20-19-28W
Lane County, Kansas

TOTAL DEPTH: 4706 feet

COMMENCED: June 27, 1974

COMPLETED: July 8; 1974

CONTRACTOR: Slawson Drilling Company, Inc.

CASING: Set 8 5/8" @ 258 feet w/170 sx

20-19-28W
State Geological Survey
WICHITA BRANCH

15-101-20,109

0-260	Surface Hole
260-1060	Shale & Shells
1060-2129	Shale & Shells
2129-2158	Anhydrite
2158-2215	Shale & Shells
2215-4015	Lime & Shale
4015-4550	Lime
4550-4595	Lime & Shale
4595-4676	Lime
4676-4706	Miss
4706	RTD



Operator **Donald C. Slawson** DESIGNATE TYPE OF COMP.: OIL, GAS, DRY HOLE, SWDW, ETC.: **Dry Hole**

Well No. **1** Lease Name **Hineman 'P'**

S 20 T 19S R 28W E W

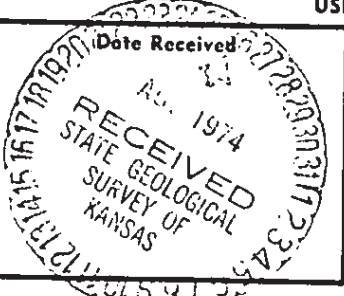
WELL LOG

Show all important zones of porosity and contents thereof; cored intervals, and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries. SHOW GEOLOGICAL MARKERS, LOGS RUN, OR OTHER DESCRIPTIVE INFORMATION.

FORMATION DESCRIPTION, CONTENTS, ETC.	TOP	BOTTOM	NAME	DEPTH
			<u>LOG TOPS</u>	
Surface Hole	0	260		
Shale & Shells	260	1060	ANH 2133 (+658)	
"	1060	2129	B/ANH 2159 (+632)	
Anhydrite	2129	2158	HEEB 3975 -1184	
Shale & Shells	2158	2215	LANS 4018 -1227	
Lime & Shale	2215	4015	STARK SH 4298 (-1507)	
Lime	4015	4550	B/KC 4381 (-1590)	
Lime & Shale	4550	4595	U/C 4543 (-1572)	
Lime	4595	4676	L/C 4575 (-1784)	
Miss	4676	4706	Basal Sd 4626 (-1835)	
RTD	4706		Miss 4658 (-1867)	
			LTD 4706	

DST #1 4193 4238, 30-45-45-60, rec 1724' MSW
 SOCTO, IFP 91-345#, IBHP 1271#, FFP 353-635#,
 FBHP 1253#: DST #2 4245-76, 30-30-30-30, rec
 20'M, IFP 9-18#, IBHP 905#, FFP 18-18#, FBHP 831#
 DST #3 4297-4321, 30-45-45-60, rec 2350' sulfur water,
 SBTO, IFP 109-634E, IBHP 1112#, FFP 652-923#, FBHP 1131#
 DST #4 4342-4366-30-30-30-30, wk bl, dtd 7", rec 20' M,
 IBHP 91#, FBHP 55#, IFP 18-18#, FFP 18-55#

USE ADDITIONAL SHEETS, IF NECESSARY, TO COMPLETE WELL RECORD.



James C. Rensberg
 James C. Rensberg, Signature
 Petroleum Engineer, Title
 July 19, 1974, Date
 _____, Date



Pioneer Energy Services

Sonic Cement
Bond Log

15-101-20100-00-01

Company Larson Engineering Inc.

Well Hineman P. No. 1 SWD

Field

County Lane

State Kansas

Location

1955' FSL & 650' FWL

Other Services
Mast Trailer

Sec: 20 Twp: 19 S Rge: 28 W

Elevation

Permanent Datum Ground Level Elevation 2786

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

Drilling Measured From Kelly Bushing

K.B. 2791
D.F.
G.L. 2786

Run Number One

Date Survey 06/03/2013

Date Cementing 05/2013

Type Cementing Operation Primary

Depth Driller 4706

Depth Logger 2118

Logged Interval 2117 to 0

Casing Driller 4.5 @ TD

Float Collar -- D.V. Tool // // // @

Squeeze Depth // // //

Amount & Type Cement // // //

Amount & Type Admix // // //

Type Fluid In Hole Water

Fluid Level Full

Salinity PPM CL // // //

Weight lb/gal -- Vis. // // //

Approx. Logged Cement Top

Calculated Cement Top

Max. Hole Temperature 97

Tool No. D2

Spacing Recorded 3-5

Equipment -- Location 71 Hays

Recorded By Scott Clemons

Witnessed By Tom Larson

<<< Fold Here >>>

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
(785) 625-3858

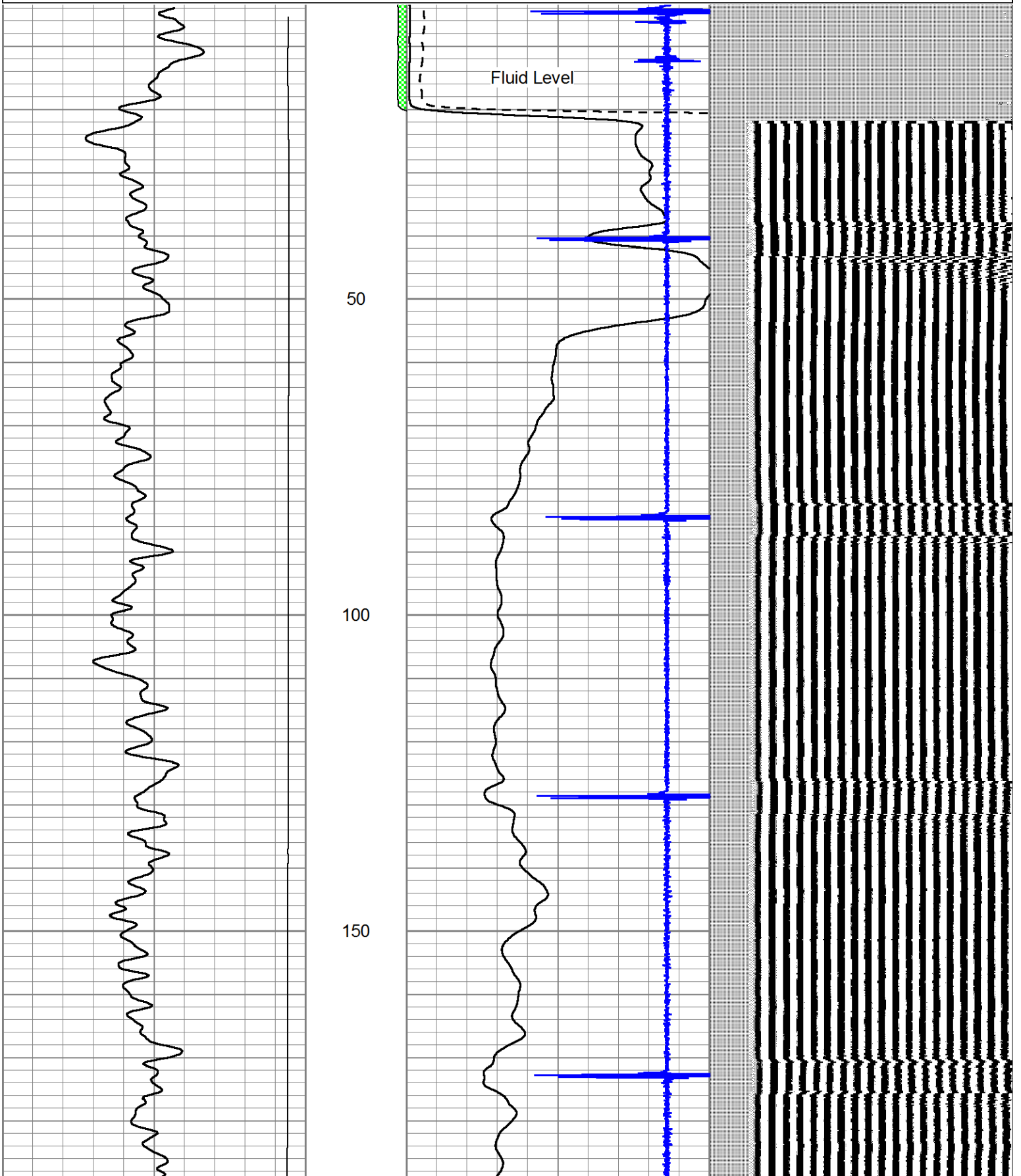
Dighton Ks., South to Rd. 90,
1 East, 1/2 South, East Into

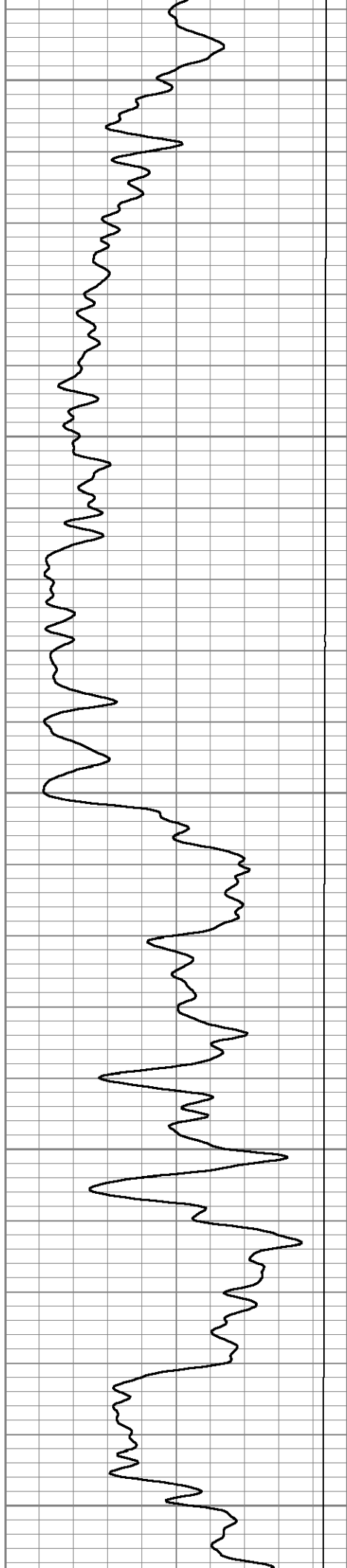


Main Pass

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 Presentation Format: cbldig
 Dataset Creation: Mon Jun 03 10:22:46 2013 by Log SCH 111116
 Charted by: Depth in Feet scaled 1:240

0	GR (GAPI)	150	AMP3	0	Amplitude (mV)	100	200	Variable Density	1200
5000	LTEN (lb)	0	(mV)	0	Amplified Amplitude (mV)	20			
			-100 10	5	Collar Locator	-0.8			





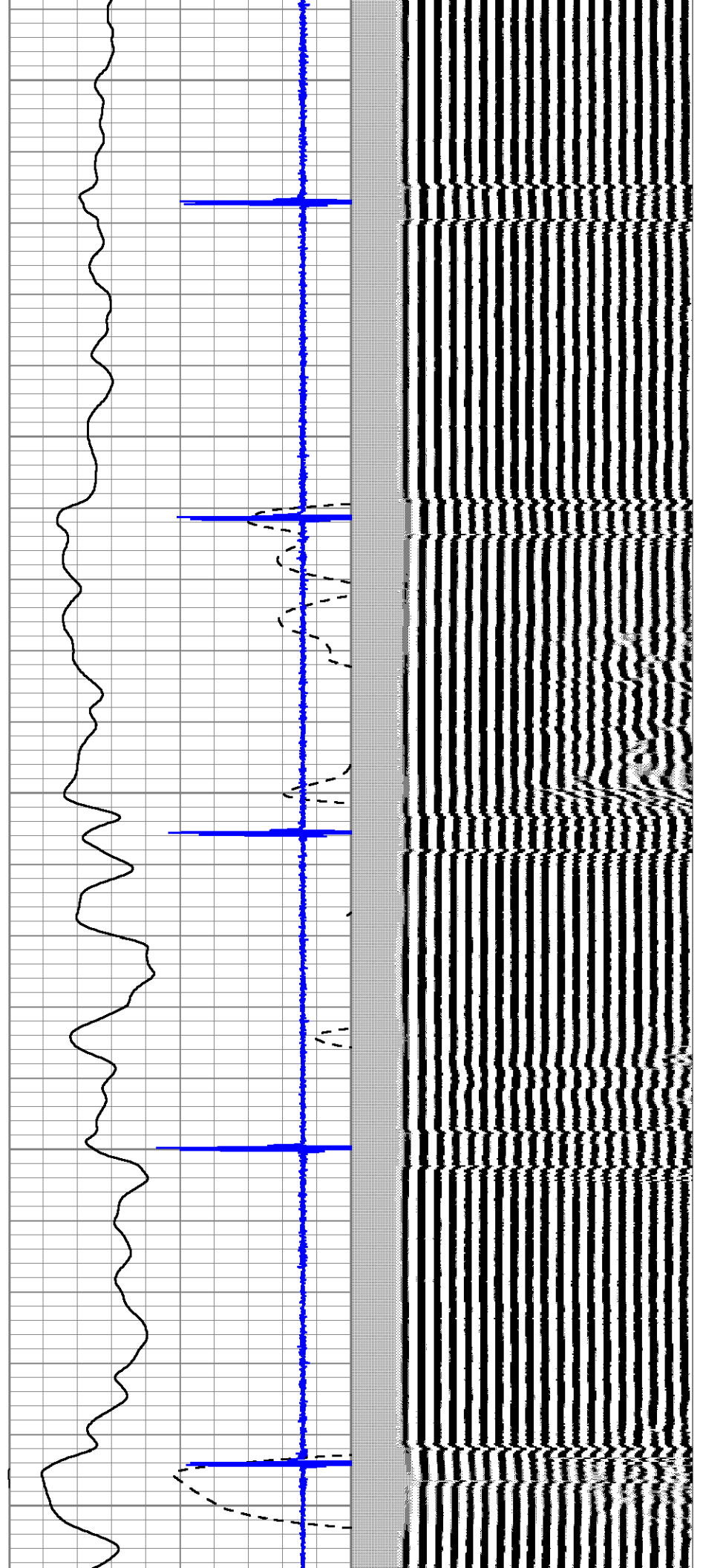
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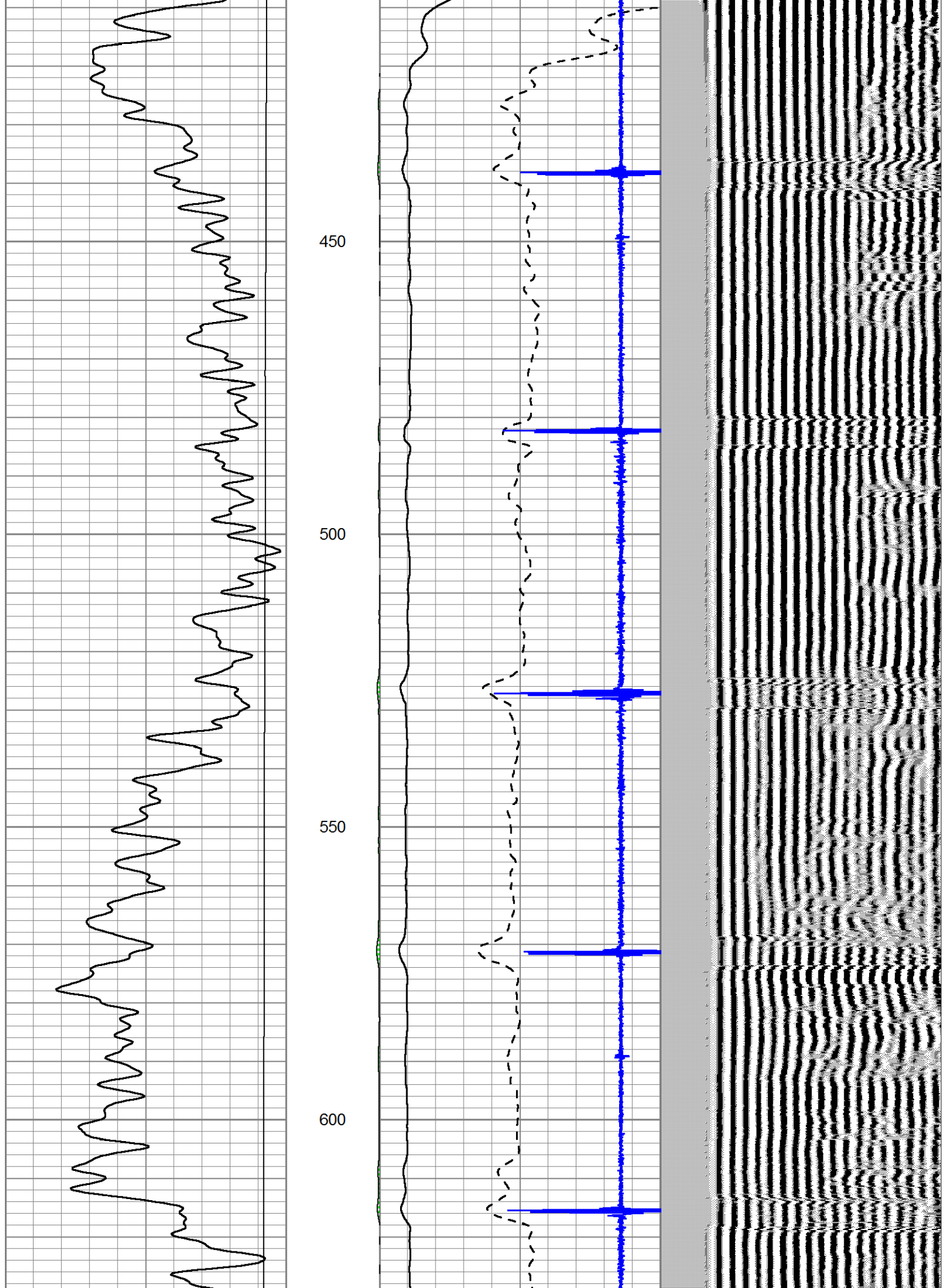
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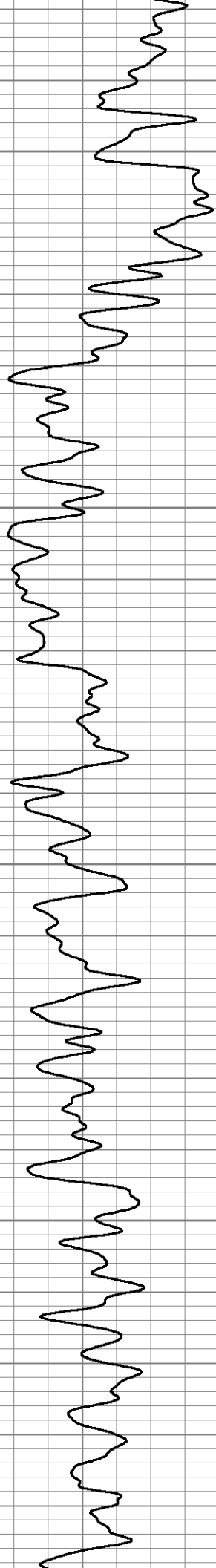
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350

400





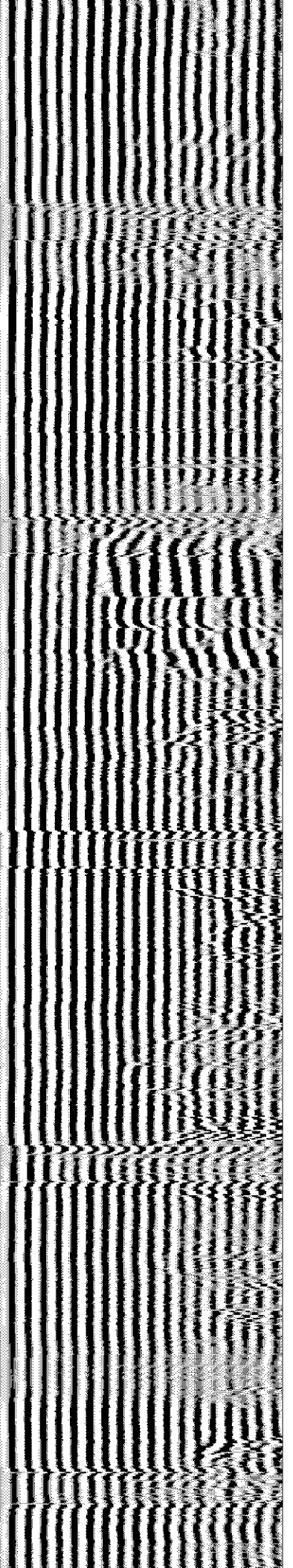
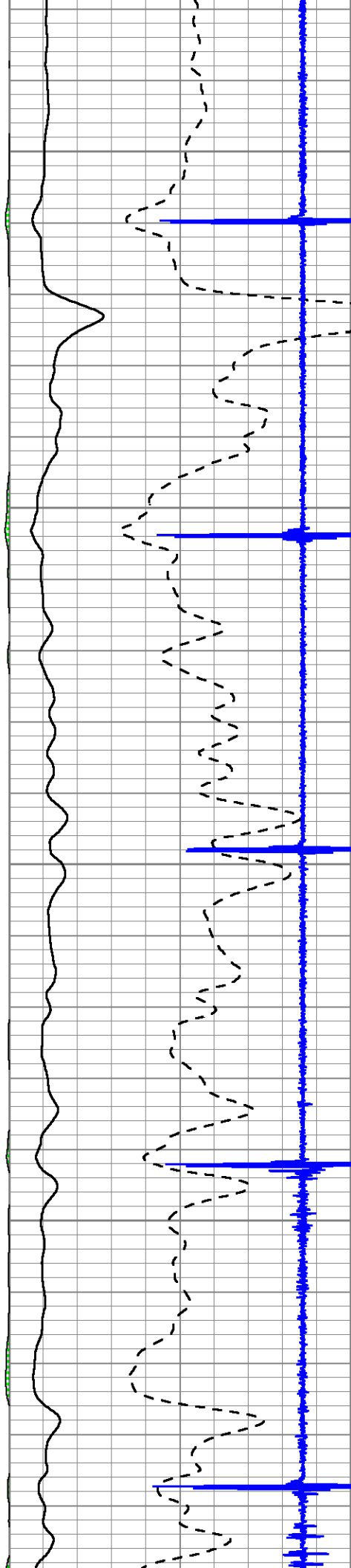


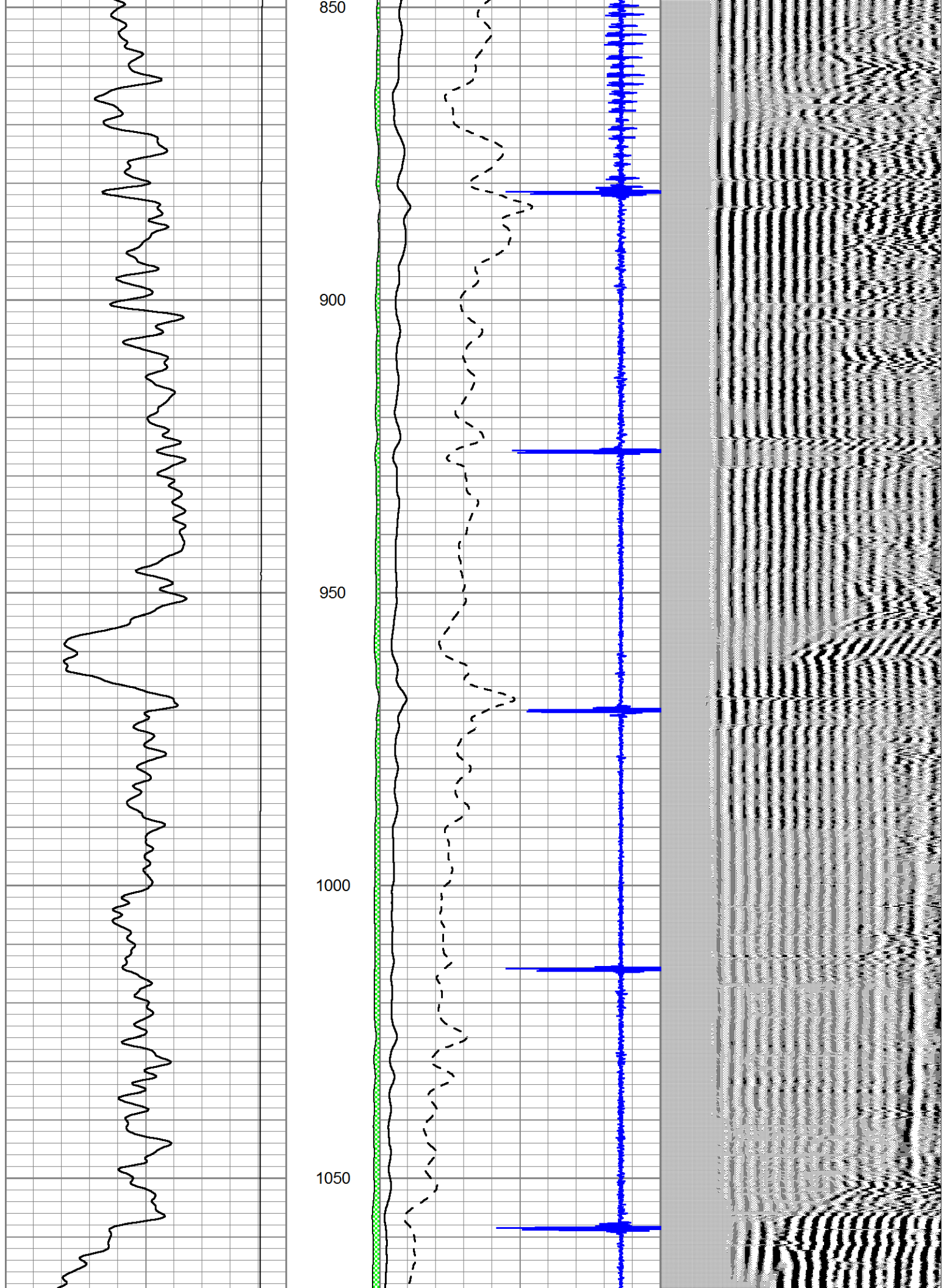
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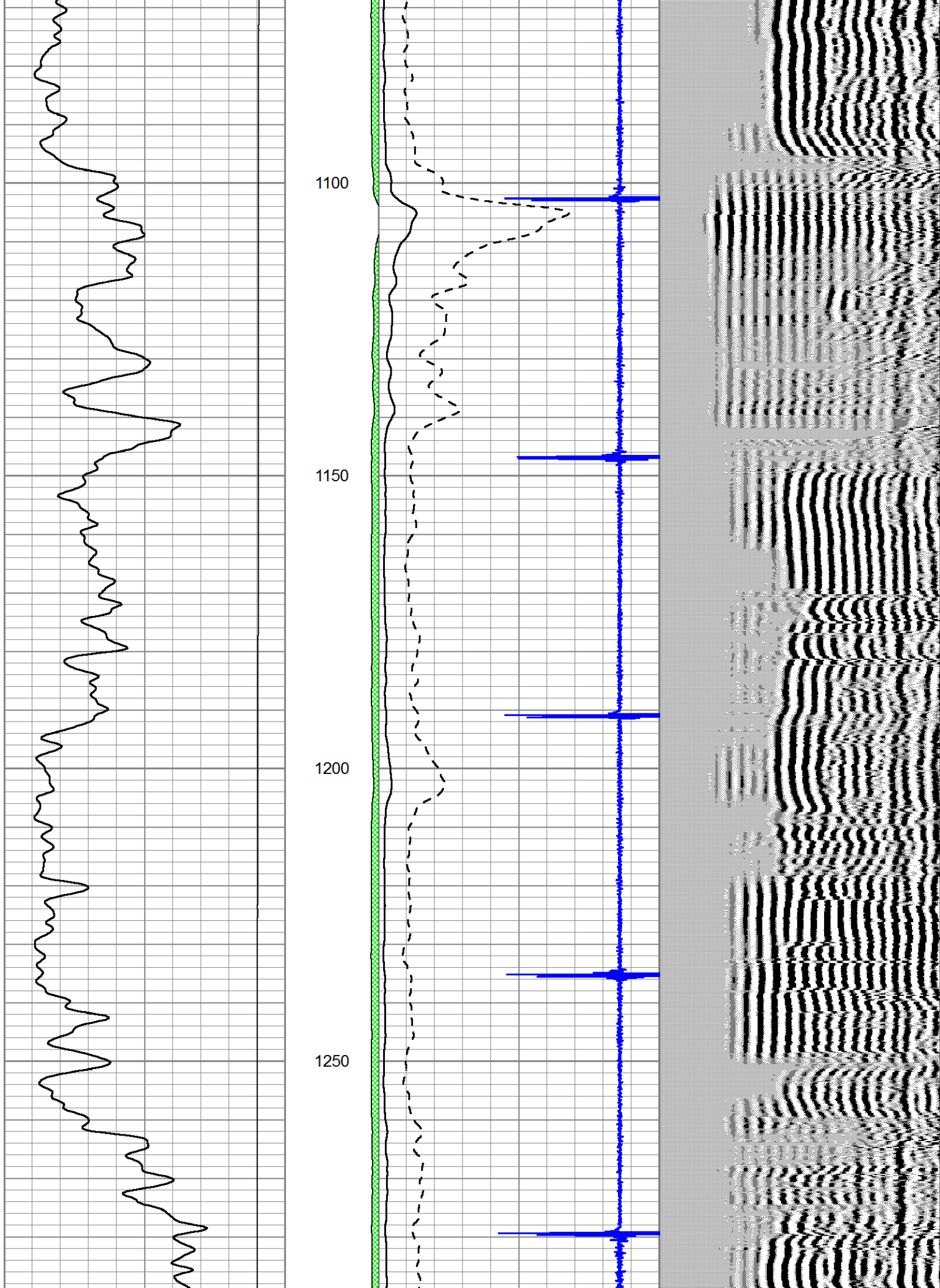
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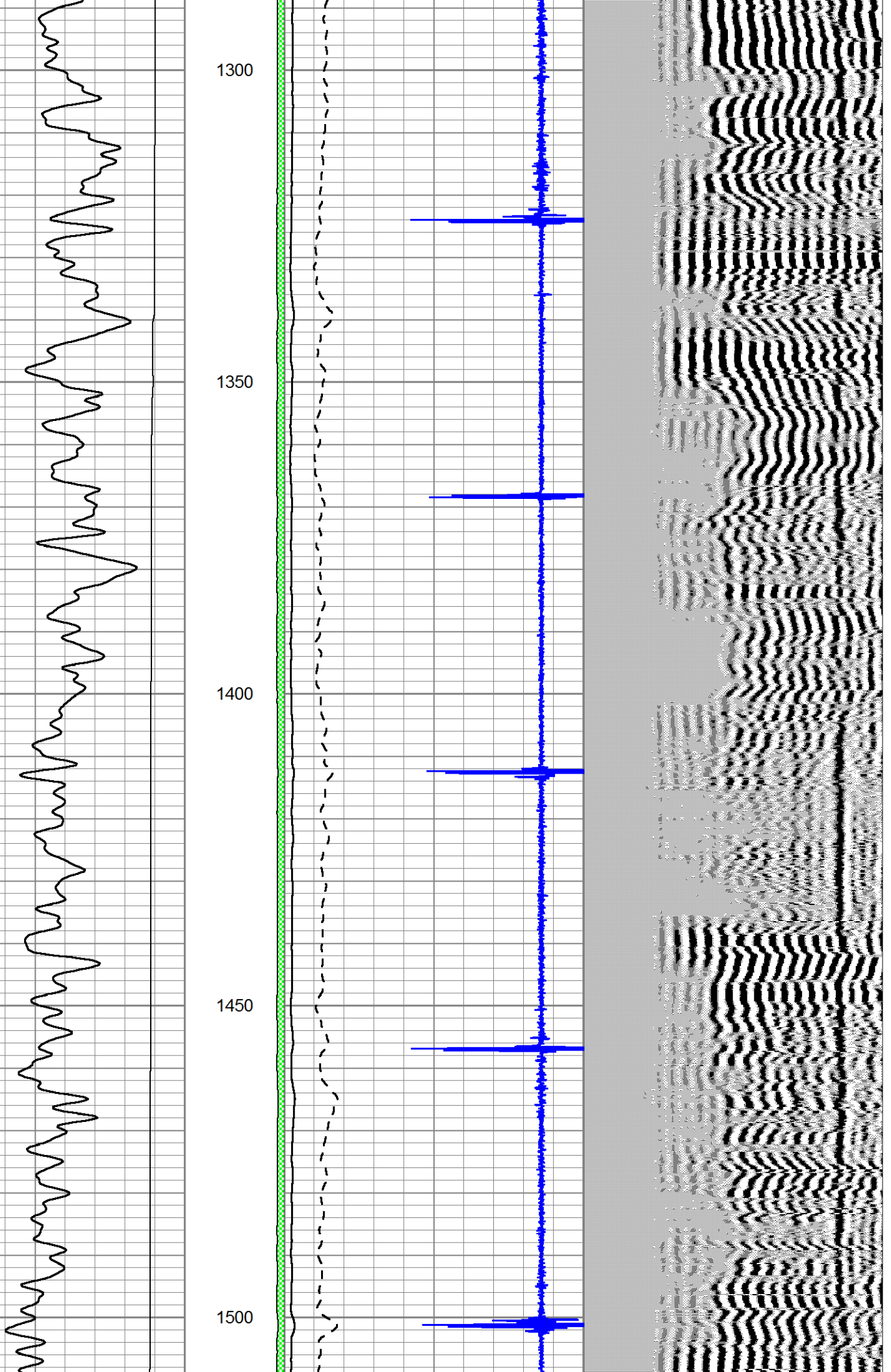
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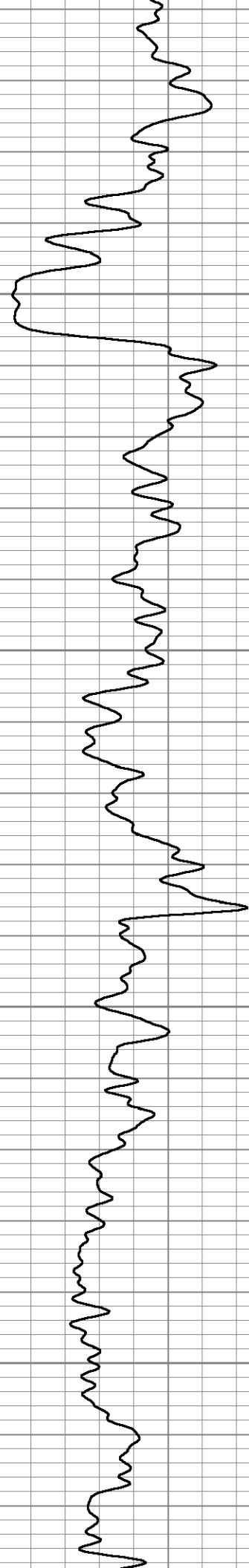
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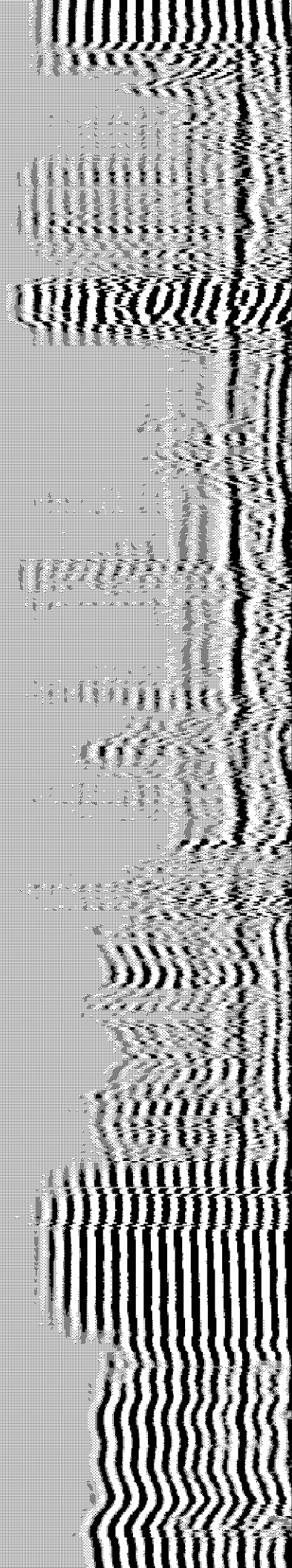


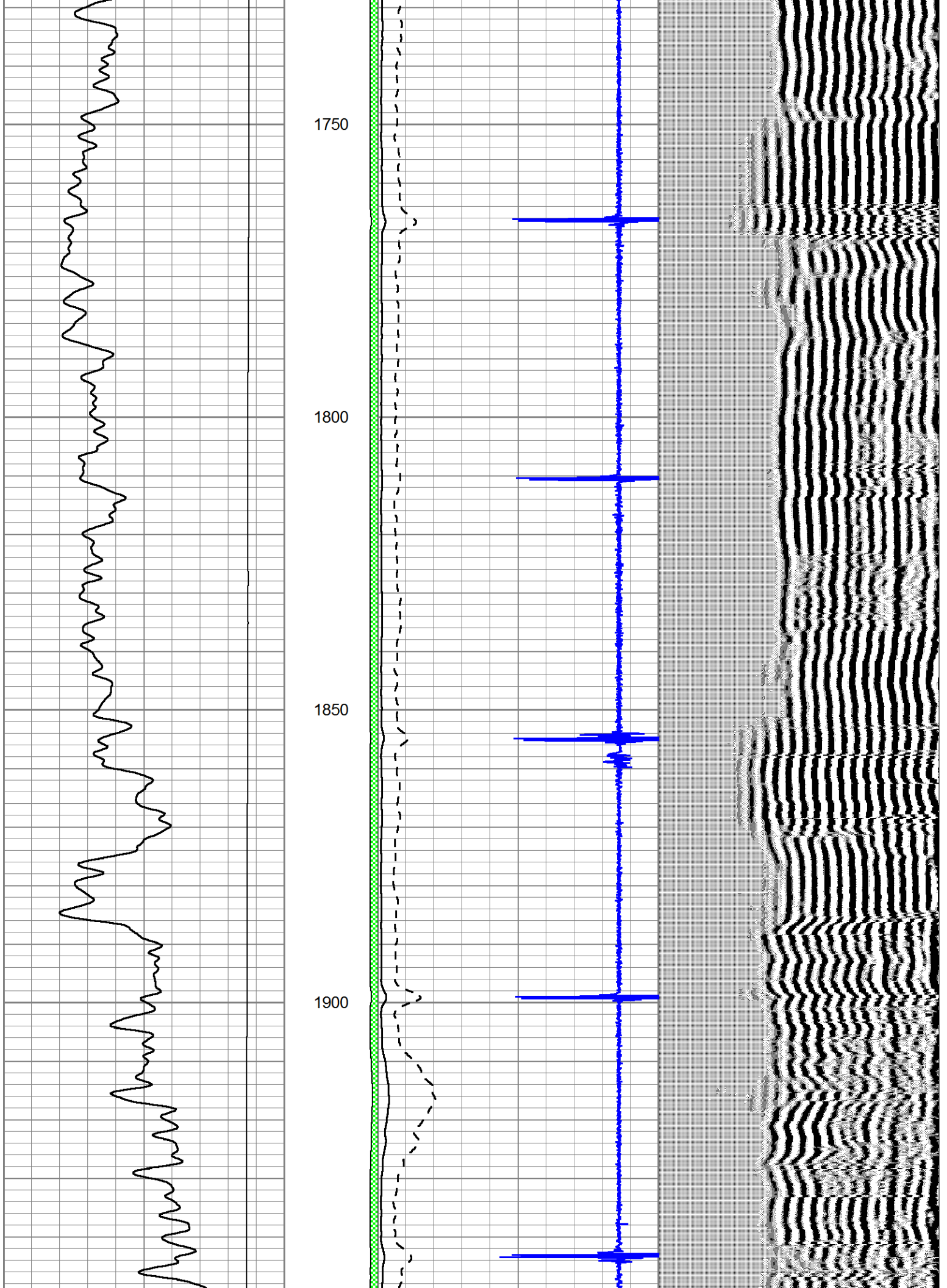
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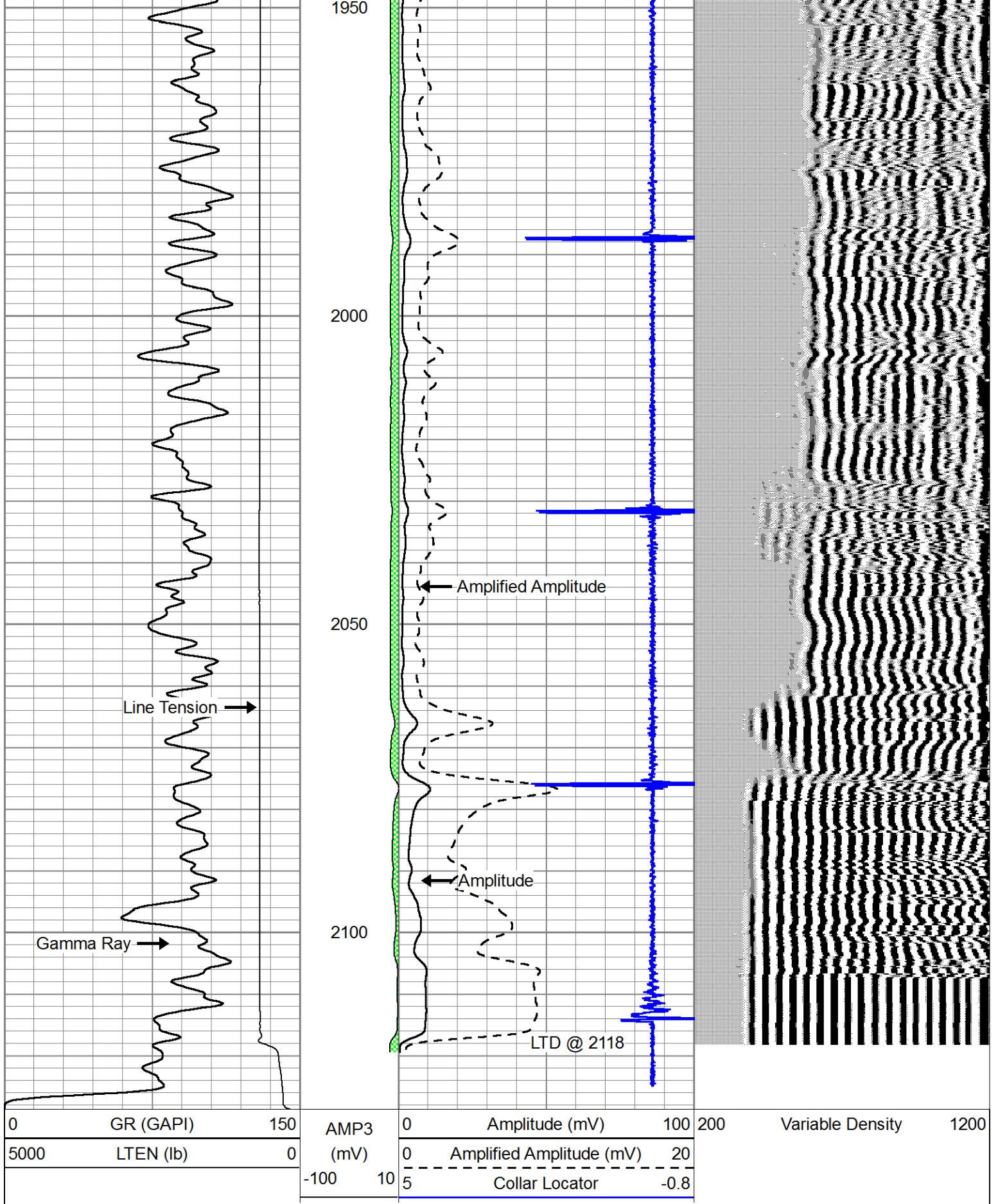
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1650

1700

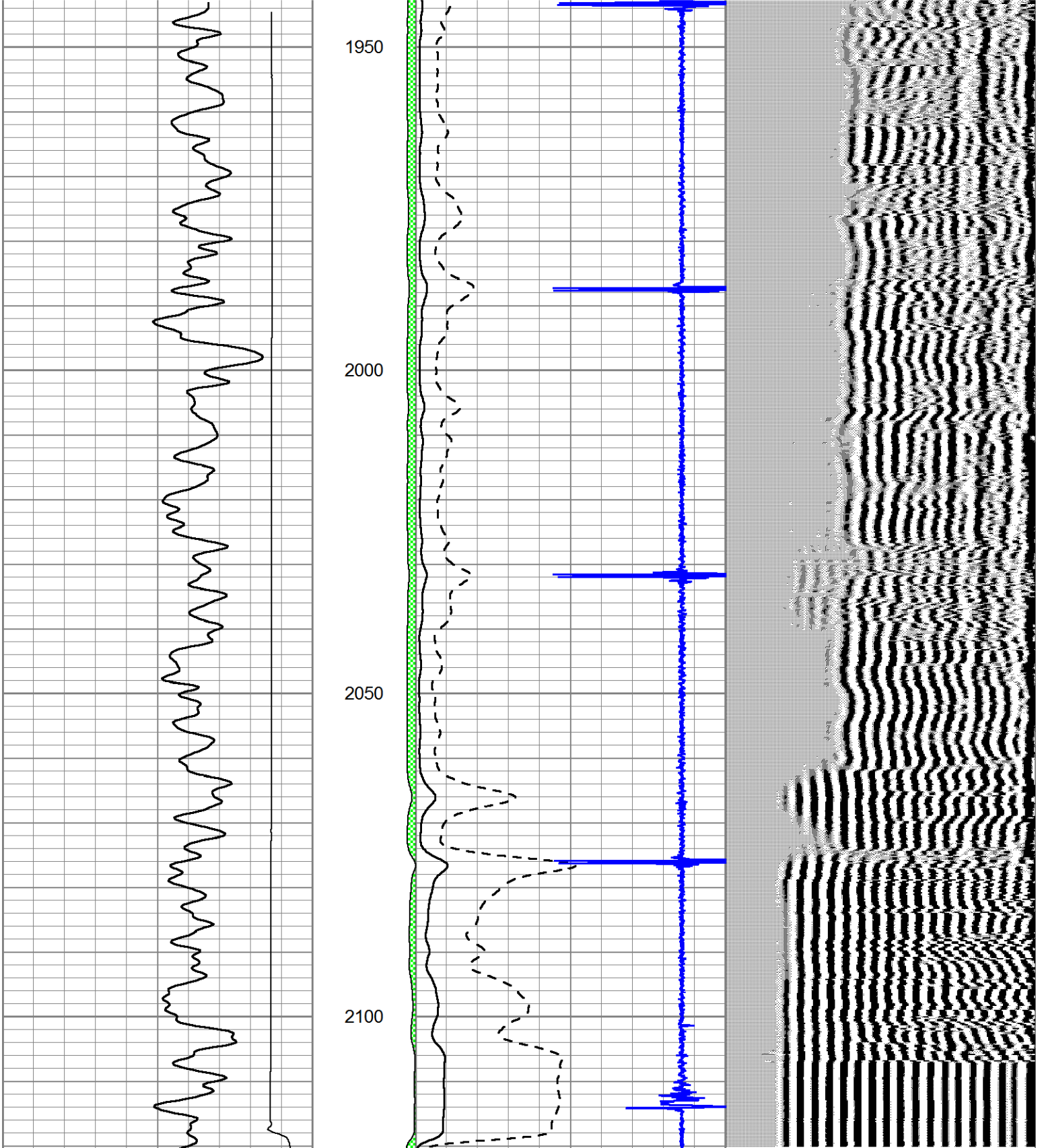






Database File: laron_hineman_#1swd.db
 Dataset Pathname: grcbl/pass4
 Presentation Format: cbl dig
 Dataset Creation: Mon Jun 03 10:16:44 2013 by Log SCH 111116
 Charted by: Depth in Feet scaled 1:240

0	GR (GAPI)	150	AMP3	0	Amplitude (mV)	100	200	Variable Density	1200
5000	LTEN (lb)	0	(mV)	0	Amplified Amplitude (mV)	20			
			-100 10	5	Collar Locator	-0.8			



0	GR (GAPI)	150	AMP3	0	Amplitude (mV)	100	200	Variable Density	1200
5000	LTEN (lb)	0	(mV)	0	Amplified Amplitude (mV)	20			
			-100 10	5	Collar Locator	-0.8			



CONFIDENTIAL

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: _____

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Well Name: _____

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

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: _____