



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: _____



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
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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
_____ 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
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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 Natural Resources USA, Inc.
Well Name	JARVIS et al ATU 1
Doc ID	1166864

Tops

Name	Top	Datum
KRIDER	2462	
ODELL	2495	
WINFIELD	2540	
GAGE	2558	
TOWANDA	2597	
FT_RILEY	2653	
WREFORD	2736	
A1_LIME	2779	
B1_LIME	2829	
B2_LIME	2852	
B3_LIME	2874	
B4_LIME	2890	
B5_LIME	2900	

CEMENTING TREATMENT REPORT



TREATMENT NUMBER	DATE
FG2013015	7/14/2013
STAGE	JOB TYPE
2	Production

WELL NAME AND NO.	LOCATION (LEGAL)	RIG NAME:	CEMENT PUMPER:
Jarvis ATU1	194FNL&214FEL_SEC.23,T29S,R37W	Trinidad drilling Rig #216	2301
FIELD	FORMATION	WELL DATA	FT TOP FT
Hugoton/Panoma	Glorietta	BIT SIZE 7 7/8	CSG/Liner Size 5 1/2
COUNTY	STATE	TOTAL DEPTH	WEIGHT
Grant	Kansas	3000	15.5
	API NO.	MUD TYPE	FOOTAGE
		<input type="checkbox"/> BHST	2977.72
		<input type="checkbox"/> BHCT	GRADE
			J-55
		MUD DENSITY	THREAD
		(LESS FOOTAGE SHOE JOINTS)	LT&C
		MUD VISC	42.24
		Disp. Capacity	68.1
		TOTAL: 68.1	

RIG FORMAN Kevin Swafford
 CEMENT SUPER Frank L. Gonzales
 Mike Vecellio

SPECIAL INSTRUCTIONS

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

LIFT PRESSURE	811	psi	BUMP PLUG TO	1300	CEMENT TEMPERATURE:	84	ANNULAR VOLUME	BBLs
PRESSURE LIMIT	3000	psi	NO. of Centralizers	15	WATER QUALITY:	7	pH	0
			JOB SCHEDULED FOR	16:45	DATE	7/14/2013	ARRIVE ON LOCATION	16:00
			TIME:	16:45	DATE:	7/14/2013	RIG UP	17:00
							DATE:	7/14/2013
							LEFT LOCATION	19:45
							DATE:	7/14/2013

TIME	PRESSURE TBG	CSG	VOLUME PUMPED INCR	CUM	RATE	FLUID TYPE	DENSITY	DESCRIPTION
17:40								Safety Meeting
18:00						H2O	8.3	Load Bottom Plug
18:19	3000	2	2	1				Pressure Test
18:26	45	75	77	4		H2O	8.3	Water Ahead
18:37	200	124	201	4		Cmt.	12.5	Pump Cement @ 12.5 PPG
19:09	75	36	237	4		Cmt.	13.5	Pump Cement @ 13.5 PPG
19:20				4		H2O		DROP PLUG
19:20	30	68.1		4		H2O	8.3	Pump Displacement
19:24	20		257	4		H2O	8.3	1st. Call Out
19:30	550		277	4		H2O	8.3	2nd. Call Out
19:36	800		297	4		H2O	8.3	3rd. Call Out
19:40	750		305.1	1		H2O	8.3	Final Lift
19:41	1700			1		H2O	8.3	Bump Plug
19:57			50	355.1				Wash Up Pump and Lines
20:30								RIG DOWN

System Used	No. of Sacks	Yield ft ³ /sk	COMPOSITION OF SYSTEM		SLURRY MIXED	
			BBLs	DENSITY	BBLs	DENSITY
lead	290	2.4	Class G,Pozz.P20,S1,P29,P46,P42,P154		125	12.5
tail	127	1.61	Class G,Pozz.P42,S1,P46,P167,P20		36	13.5

CIRCULATION	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WASHED CASING DOWN	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	BREAKDOWN	45 PSI	FINAL	1700	PSI
DISPLACEMENT VOL.	68.9	BBLs	RETURNED TO SURFACE	PRESSURE	750	RATE	1	BPM
			39					