



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



1168195

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Pioneer Natural Resources USA, Inc.
Well Name	MAGNOLIA et al ATU 1
Doc ID	1168195

Tops

Name	Top	Datum
KRIDER	2453	
ODELL	2516	
WINFIELD	2549	
GAGE	2566	
TOWANDA	2597	
FT_RILEY	2648	
FLORENCE	2708	
WREFORD	2738	
A1_LIME	2784	
B1_LIME	2840	
B2_LIME	2866	
B3_LIME	2889	
B4_LIME	2905	
B5_LIME	2917	





CEMENTING TREATMENT REPORT



TREATMENT NUMBER GH2013014	DATE 8/3/2013
STAGE 1	JOB TYPE longstring

WELL NAME AND NO. Magnolia ATU 1	LOCATION (LEGAL) 206 FNL & 208 FEL Sec 13, T31S, R 38W	RIG NAME: Trinidad drilling Rig 216	CEMENT PUMPER: 23004
FIELD	FORMATION	WELL DATA	FT TOP FT
COUNTY Grant Co	STATE KS	API NO.	
RIG FORMAN Dave Martinez		BIT SIZE	CSG/Liner Size 5 1/2
CEMENT SUPER Gary Hessling		TOTAL DEPTH 3048	WEIGHT 15.5
		MUD TYPE	FOOTAGE 3026
		<input type="checkbox"/> BHST	GRADE
		<input type="checkbox"/> BHCT	THREAD
		MUD DENSITY	LESS FOOTAGE (SEE POINTS) 41.9
		MUD VISC	Disp. Capacity 71
		TOTAL: 71	

SPECIAL INSTRUCTIONS Cement production casing	Include Footage From Ground Level To Head In Disp. Capacity
	Head & Plugs
	<input type="checkbox"/> FBG <input checked="" type="checkbox"/> D.P.
	SQUEEZE JOB <input type="checkbox"/> Double Box 6 <input type="checkbox"/> Single <input type="checkbox"/> Swage <input type="checkbox"/> Knockout
LIFT PRESSURE 750 psi	BUMP PLUG TO 1750
NO. of Centralizers 18	CEMENT TEMPERATURE:

ARRIVE ON LOCATION	RIG UP	LEFT LOCATION
TIME: 3:30 DATE: 8/3/2013	TIME: 4:00 DATE: 8/3/2013	TIME: 8:00 DATE: 8/3/2013

TIME	PRESSURE	VOLUME PUMPED		JOB SCHEDULED FOR			ARRIVE ON LOCATION	RIG UP	LEFT LOCATION		
0001 to 2400	TBG CSG	INCR	CUM	TIME:	FLUID TYPE	DENSITY	TIME:	DATE:	TIME:	DATE:	DATE:
3:30											
4:00											
5:15											
5:29	2000		2		H2o	8.34					
5:33		120	75	4	H2o	8.34					
5:54		250	131.5	205	4	Cmt	12.5				
6:42		60	38.6	244.1	4	Cmt	13.5				
6:59											
7:00		30	71	315.1	4	H2o	8.24				
7:22		1580									
8:00											

System Used	No. of Sacks	Yield ft <sup>3</sup> /sk	COMPOSITION OF SYSTEM				SLURRY MIXED	
Lead	307	2.4	25/75 SDC blend 3% P20, 2% S1, 0.25#/sx P29, 0.25#/sx P46 @ 12.5 #/gal				BBLs	DENSITY
Surface Set	134	1.61	Surface set 25:75 (p/G) + 2% P20, 5 lb/sx p42, 2% S1, 0.25 #/sx P46, 15% p167, 2% p20 @ 13.5 # gal				38.6	13.5

CIRCULATION <input type="checkbox"/> Yes <input type="checkbox"/> No	WASHED CASING DOWN <input type="checkbox"/> Yes <input type="checkbox"/> No	BREAKDOWN	PSI	FINAL	PSI
DISPLACEMENT VOL. 71 BBLs	RETURNED TO SURFACE 48	BEFORE PLUG BUMP	800	1580	2 BPM

