



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
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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: \_\_\_\_\_

1169639



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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<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 <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	Pioneer Natural Resources USA, Inc.
Well Name	LAHEY et al ATU 1
Doc ID	1169639

Tops

Name	Top	Datum
KRIDER	2437	
ODELL	2459	
WINFIELD	2514	
TOWANDA	2556	
FT_RILEY	2609	
FLORENCE	2676	
WREFORD	2700	
A1_LIME	2733	
B1_LIME	2797	
B2_LIME	2820	
B3_LIME	2844	
B4_LIME	2858	





CEMENTING TREATMENT REPORT



TREATMENT NUMBER	FG2013024	DATE	8/11/2013
STAGE	2	JOB TYPE	Production

WELL NAME AND NO.	Lahey ATU1	LOCATION (LEGAL)	2510FSL&186FEL,SEC.26,T30S,R35W	RIG NAME:	Trinidad drilling Rig #216	CEMENT PUMPER:	23004
FIELD	Hugoton/Panoma	FORMATION	Chase - Counsel Grove	WELL DATA		BOTTOM	FT TOP FT
COUNTY	Stevens	STATE	Kansas	API NO.			

RIG FORMAN	Kevin Swafford	WELL DATA	BT SIZE 7 7/8	CSG/Liner Size	5 1/2	TOTAL DEPTH	2959	WEIGHT	15.5	FOOTAGE	2937.94	MUD TYPE	BHST	GRADE	J-55	THREAD	LT&C	MUD DENSITY	42.32	DISP. CAPACITY	67.1	TOTAL:	67.1
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CEMENT SUPER	Frank L. Gonzales	Include Footage From Ground Level To Head In Disp. Capacity																					
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SPECIAL INSTRUCTIONS		Head & Plugs	<input type="checkbox"/> TBG	<input type="checkbox"/> D.P.	SQUEEZE JOB		
Personnel: J.R. Ortiz,Ronald Trujillo,Robert Ashe	Don Wilson,Eric Wheeler	Double Box 6	WEIGHT	GRADE	TAIL PIPE:	SIZE	DEPTH

LIFT PRESSURE	799	psi	BUMP PLUG TO	1400	CEMENT TEMPERATURE:	79	ANNULAR VOLUME		BBLs			
PRESSURE LIMIT	3000	psi	NO. of Centralizers	15	WATER QUALITY:	7	PH	0	PPG	68.5	TEMP	

TIME	PRESSURE TBG	CSG	VOLUME PUMPED INCR	CUM	RATE	FLUID TYPE	DENSITY	ARRIVE ON LOCATION TIME: 4:30 DATE: 8/11/2013	RIG UP TIME: 4:50 DATE: 8/11/2013	LEFT LOCATION TIME: 10:30 DATE: 8/11/2013
6:45										Safety Meeting
7:14						H2O	8.3			Load Bottom Plug
7:18	2500	2	2	1						Pressure Test
7:24	200	75	77	4	H2O	8.3				Water Ahead
7:43	200	169.7	246.7	3.5	Cmt.	12.5				Pump Lead Cement @ 12.5 PPG (397 Sks.)
8:27	100	34.7	281.4	3	Cmt.	13.5				Pump Tail Cement @ 13.5 PPG (121 Sks.)
8:39	28	3	284.4	2	H2O					Wash up lines
8:41					H2O	8.3				DROP PLUG
8:42	50	67.4		4	H2O	8.3				Pump Displacement
8:49	250		304.4	3.5	H2O	8.3				1st. Call Out
8:57	500		324.4	3.5	H2O	8.3				2nd. Call Out
9:04	800		344.4	4	H2O	8.3				3rd. Call Out
9:08	750		351.8	1	H2O	8.3				Final Lift
9:08	1415									Bump Plug
9:19										Plug Held
9:23			50	401.8	4	H2O	8.3			Wash Up Pump and Lines
9:50										RIG DOWN

	No. of Sacks	Yield ft <sup>3</sup> /sk	COMPOSITION OF SYSTEM		SLURRY MIXED	
			BBLs	DENSITY	BBLs	DENSITY
lead	397	2.4	Class G,Pozz.P20,S1,P29,P46,P42,P154		115.2	12.5
tail	121	1.61	Class G,Pozz.P42,S1,P46,P167,P20		22.4	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 BEFORE PLUG BUMP PRESSURE	PSI	FINAL RATE	PSI
DISPLACEMENT VOL.	BBLs	RETURNED TO SURFACE					1 BPM