

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 32016
Name: Pioneer Resources
Address: 177 W. Limestone Rd.
City/State/Zip: Phillipsburg, KS. 67661
Purchaser: Coffeyville Resources
Operator Contact Person: Rodger D. Wells
Phone: (785) 543-5556
Contractor: Name: Warren Drilling LLC
License: 33724
Wellsite Geologist: Steven Murphy
Designate Type of Completion:
☒ New Well ☐ Re-Entry ☐ Workover
☒ Oil ☐ SWD ☐ SIOW ☐ Temp. Abd.
☐ Gas ☐ ENHR ☐ SIGW
☐ Dry ☐ Other (Core, WSW, Expl., Cathodic, 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./SWD
☐ Plug Back ☐ Plug Back Total Depth
☐ Commingled ☐ Docket No. _____
☐ Dual Completion ☐ Docket No. _____
☐ Other (SWD or Enhr.?) ☐ Docket No. _____
8-4-07 8-14-07 Aug. 27-07
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 109-20785-0000
County: Logan
NW SE NE NE Sec. 12 Twp. 14 S. R. 32 ☐ East ☒ West
745 feet from S N (circle one) Line of Section
368 feet from E W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Dirks Well #: 2
Field Name: Maurice
Producing Formation: Morrow Sand
Elevation: Ground: 2899 Kelly Bushing: 2907
Total Depth: 4770 Plug Back Total Depth: 4770
Amount of Surface Pipe Set and Cemented at 220 Feet
Multiple Stage Cementing Collar Used? ☒ Yes ☐ No
If yes, show depth set 2378 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 Airdry

Location of fluid disposal if hauled offsite: _____

Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West
County: _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells

All requirements of the statutes, rules and regulations promulgated to regulate herein are complete and correct to the best of my knowledge.

Signature: Rodger D. Wells

Title: Owner Date: 10-15-07

Subscribed and sworn to before me this 15th day of October

19 2007

Notary Public: Beverly A. Schemper

Date Commission Expires: March 22, 2009

report shall be attached with this form. ALL CEMENTING form with all temporarily abandoned wells.

industry have been fully complied with and the statements

KCC Office Use ONLY

☒ Letter of Confidentiality Attached
☒ If Denied, Yes ☐ Date: RECEIVED
KANSAS CORPORATION COMMISSION
☒ Wireline Log Received
☐ Geologist Report Received OCT 16 2007
☐ UIC Distribution

CONSERVATION DIVISION
WICHITA, KS

BEVERLY A. SCHEMPER
NOTARY PUBLIC
STATE OF KANSAS
My App. Exp. 3-22-09

Name	Top	Datum
Anhy.	2382	+525
Heeb.	3897	-990
Lans.	3936	-1030
Pawnee	4389	-1482
Fort Scott	4419	-1512
Cher.	4444	-1537
Morrow Sand	4567	-1660
TD	4770	

Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacjs Used	Type and Percent Additives
Surface Pipe	12'	8 5/8	20#	220	common	165	3%CC 2% Gel
Prod. Pipe	8'	5 1/2	15.5	4770	ASC	175	10% salt 2% Gel

Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
☐ Perforate				
☒ Protect Casing				
☐ Plug Back TD				
☐ Plug Off Zone				

☐ Open Hole
 ☒ Perf.
 ☐ Dually Comp.
 ☐ Commingled _____
☐ Other (Specify) _____