SIDE ONE

COPY

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

API NO. 15- __15-175-216790000__

County __Seward__   *plugged* 11/17/97

APPROX.
C . S/W . ____ . ____ Sec. __14__ Twp. __31S__ Rge. __32__ __X__ E / W

Operator: License # __32193__

__1250__   Feet from Ⓢ/N (circle one) Line of Section

Name: __Pioneer Natural Resources USA, Inc.__

__1250__   Feet from E/Ⓦ (circle one) Line of Section

Address __14000 Quail Springs Pkwy, Suite 5000__

Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or Ⓢ︎Ⓦ (circle one)

City/State/Zip __Oklahoma City, OK 73134-2600__

Lease Name __Clark__   Well # __2-14__

Purchaser: _____

Producing Formation __Dry Hole__

Opr   r Contact Person: __Tommy Royal__

Elevation: Ground __2850'__   KB _____

Phone (__405__) __749-1780__

Total Depth __5850'__   PBTD _____

Contractor: Name: __Val Energy, Inc.__

Amount of Surface Pipe Set and Cemented at __1842__ Feet

License: __5822__

Multiple Stage Cementing Collar Used? _____ Yes __X__ No

Wellsite Geologist: _____

If yes, show depth set _____ Feet

Designate Type of Completion

If Alternate II completion, cement circulated from _____

__X__ New Well   ____ Re-Entry   ____ Workover

____ Oil   ____ SWD   ____ SIOW   ____ Temp. Abd.

feet depth to _____ w/ _____ sx cmt.

____ Gas   ____ ENHR   ____ SIGW

Drilling Fluid Management Plan *DHA 4-23-98 U.C.*

__v__ Dry   ____ Other (Core, WSW, Expl., Cathodic, etc.)

(Data must be collected from the Reserve Pit)

If W___ wer/Re-Entry: old well info as follows:
Operator: _____

RECEIVED

Chloride content __4,000__ ppm Fluid volume __11,000__ bbls

Well Name: _____

Dewatering method used __Evaporation/Back Fill__

Comp. Date _____ Old Total Depth _____

DEC 05 1997

Location of fluid disposal if hauled offsite:

____ Deepening ____ Re-perf. ____ Conv. to Inj/SWD

CONSERVATION DIVISION   Operator Name _____

____ Plug Back _____ PBTD

Wichita, Kansas   Lease Name _____ License No. _____

____ Commingled   Docket No. _____

____ Dual Completion   Docket No. _____

____ Other (SWD or Inj?)   Docket No. _____

_____ Quarter ____ Sec. ____ Twp. ____ S Rge. ____ E/W

__/8/97__   __11/16/97__   _____

County _____ Docket No. _____

Spud Date 11-8-97   Date Reached TD   Completion Date

INSTRUCTIONS: An Original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market, Room 2078, Wichita, Kansas 67202-1212, 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 on 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 and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature __Tommy Royal__

Title __Sr. Operations Engineer__   Date __12/1/97__

Su___ d   and sworn to before me this __1st__ day of __December__

19 97

Notary Public _____

Date Commission Expires __September 2, 2000__

K.C.C. OFFICE USE ONLY
F ____ Letter of Confidentiality Attached
C __✓__ Wireline Log Received
C ____ Drillers Timelog Received

Distribution
__✓__ KCC   ____ SWD/Rep   ____ NGPA
____ KGS   ____ Plug   __✓__ Other

__IS__ (Specify)

Form ACO-1 (7-91)

Operator Name Pioneer Natural Resources USA, Inc. **Lease Name** Clark **Well #** 2-14

Sec. 14 Twp. 31S Rge. 32 ☐ East ☒ West **County** Seward

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken (Attach Additional Sheets.)	☐ Yes ☒ No	☐ Log	Formation (Top), Depth and Datums ☐ Sample
Samples Sent to Geological Survey	☒ Yes ☐ No		
Cores Taken	☐ Yes ☒ No	Name	Top	Datum
Electric Log Run (Submit Copy.)	☒ Yes ☐ No		

List All E.Logs Run:
Dual Induction Long Space Sonic Log; CNL - FDC, Microlog

CASING RECORD ☒ New ☐ 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
Surface	12-1/4"	8-5/8"	24#	1842'	35/64 poz C	815	6% D20, 3% S1

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				

PERFORATION RECORD – Bridge Plugs Set/Type

Shots Per Foot	Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Sqeeze Record (Amount and Kind of Material Used)	Depth

TUBING RECORD	Size	Set At	Packer At	Liner Run
				☐ Yes ☐ No

Date of First Resumed Production, SWD or Inj.Production: *D+A*

Producing Method: ☐ Flowing ☐ Pumping ☐ Gas Lift ☐ Other (Explain)

Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Water	Bbls.	Gas–Oil Ratio	Gravity
		N-A						

Disposition of Gas:
☐ Vented ☐ Sold ☐ Used on Lease
(If vented, submit ACO-18.)

METHOD OF COMPLETION
☐ Open Hole ☐ Perforation ☐ Dually Completed ☐ Commingled
☐ Other (Specify) _____

Production Interval