

SIDE ONE

0001

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

Operator: License # 04824Name: PIONEER NATURAL RESOURCES USA, INC.Address ATTN: ANGIE HERNANDEZ - ROOM 1357
5205 N. O'CONNOR BLVD.City/State/Zip IRVING, TX 75039Pioneer: PIONEER NATURAL RESOURCES USA, INC.Operator Contact Person: ANGIE HERNANDEZPhone (972) 444-9001Operator Name: SCHLUMBERGER

License: _____

Wellsite Geologist: _____

Designate Type of Completion

____ New Well ____ Re-Entry ☒ Workover
____ Oil ____ SWD ____ SOW ____ Temp. Abd.
☒ Gas ____ ENHR ____ SIGW
____ Dry ____ Other (Core, WSW, Expl., Cathodic, etc.)

If Workover/Reentry: Old Well Info as follows:

Operator: PIONEER NATURAL RESOURCES USA, INC.Well Name: PERRILL A2RComp. Date 5/24/00 Old Total Depth 3100'

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

☒ Plug Back ORIGINAL 2957' PBTB

____ Commingled Docket No. _____

____ Dual Completion Docket No. _____

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

4/21/00 4/24/00 WO 6/6/01

Spud Date Date Reached TD Completion Date

API NO. 15- 189-22335-0000County STEVENSSW/4 NE/4 NE/4 Sec. 7 Twp. 31S Rge. 37W ☒ E1250 FNL Feet from N (circle one) Line of Section1250 FEL Feet from E/W (circle one) Line of SectionFootages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)Lease Name PERRILL Well # A2RPANOMA FIELDProducing Formation COUNCIL GROVEElevation: Ground 3105.01' KB 3110'Total Depth 3100' PBTB 2863' KBAmount of Surface Pipe Set and Cemented at 594.95' FeetMultiple 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 1000 ppm Fluid volume 3000 bblsDewatering method used DRY OUT/EVAPORATION/BACKFILL

Location of fluid disposal if hauled offsite:

Operator Name _____

Lease Name _____ License No. _____

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

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 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 Angie HernandezTitle SR. ENGINEERING TECH Date 6/22/01Subscribed and sworn to before me this 22nd day of JUNE 20 01Notary Public DEBORAH POLLOCKDate Commission Expires Public, State of Kansas 2-2-2005

My commission expires 04-02-2005

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
(Specify)

SIDE TWO

Operator Name PIONEER NATURAL RESOURCES USA, INC. Lease Name PERRILL Well # A2R
☐ East
 Sec. 7 Twp. 31S Rge. 37W ☒ West
 County STEVENS

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.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datums	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	CHASE	2413'	MD
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	KRIDER	2470'	MD
List All E.Logs Run:		FT. RILEY	2636'	MD
ARRAY INDUCTION SHALLOW FOCUSED ELECTRIC LOG		COUNCIL GROVE	2746'	MD
MICRO RESISTIVITY LOG				
COMPENSATED NEUTRON COMPENSATED PHOTO-DENSITY LOG				
CEMENT BOND LOG (LOGS PREVIOUSLY SUBMITTED)				

CASING RECORD <input checked="" 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
SURFACE	12-1/4"	8-5/8"	24#	594-95'	LT. PREM+	300	2%CaC12
PRODUCTION	7-7/8"	5-1/2"	15.5#	3100'	15/84 POZ	535	2%CaC12
					PREM+8% Ge1		

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 (Amount and Kind of Material Used)	Depth
4	2754' - 2899' (45', 97 HOLES)	ACID 3500 GALS 15% HCl-Fe @ 15 BPM	2754'
		FLUSH w/3000 GAL WF130. 2000 GALS	2899'
		15% WF130 FLUSH. FRAC 69,000 GAL 65Q	
		WF130 & 151000# 16/30 OTTAWA SD	
TUBING RECORD		Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Size	Set At	Packer At	
2-3/8"	2929'	N / A	
Date of First, Resumed Production, SWD or Inj.		Producing Method	
N/A		<input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)	
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.
	0.0	235	32
Gas-Oil Ratio		Gravity	
--		.752	

Disposition of Gas: METHOD OF COMPLETION Production Interval

☐ Vented ☒ Sold ☐ Used on Lease ☐ Open Hole ☒ Perforation ☐ Dually Comp. ☐ Commingled 2754' - 2909'

(If vented, submit ACO-18.) ☐ Other (Specify) _____