KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1
September 1999
Form must be Typed

Operator: License # 04824
Name: PIONEER NATURAL RESOURCES USA, INC.
Address ATTN: LINDA KELLY - ROOM 1325
City/State/Zip IRVING, TX 75039
Purchaser: PIONEER NATURAL RESOURCES USA, INC.
Operator Contact Person: LINDA KELLY
Phone (972) 444-9001
Contractor: Name: VAL DRILLING
License: 5822
Wellsite Geologist:

RECEIVED
JUL 23 2004
KCC WICHITA

Designate Type of Completion

X New Well ____ Re-Entry ____ Workover

____ Oil ____ SWD ____ SIOW ____ Temp. Abd.
X Gas ____ ENHR ____ SIGW
____ Dry ____ Other (Core, WSW, Expl., Cathodic, etc.)

If Workover/Reentry: 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. ____

07/19/03	07/23/03	08/27/03
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API NO. 15- 15-189-22435-0000
County STEVENS
____ - NW - SE - SE Sec. 25 Twp. 32S S. R. 39W ☐ E ☒ W
1250' FSL Feet from (S)/N (circle one) Line of Section
1250' FEL Feet from (E)/W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE (SE) NW SW

Lease Name ROACH Well # 1-A R
Field Name PANOMA
Producing Formation COUNCIL GROVE
Elevation: Ground 3210 Kelley Bushing ____
Total Depth 3081' Plug Back Total Depth 3044'
Amount of Surface Pipe Set and Cemented at 640' Feet
Multiple Stage Cementing Collar Used? ____ Yes X 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 bbls
Dewatering method used DRY OUT/EVAPORATION/BACKFILL
Location of fluid disposal if hauled offsite:
Operator Name PIONEER NATURAL RESOURCEES
Lease Name ____ License No. ____
Quarter ____ Sec. ____ Twp. ____ S R. ____ ☐ 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 Linda Kelly
Title ENGINEERING TECH Date 07/19/04

Subscribed and sworn to before me this 19 day of July, 20 04.
Notary Public Angie G. Hernandez
Date Commission Expires 5/21/2005

ANGIE G. HERNANDEZ
Notary Public, State of Texas
My Commission Expires
May 21, 2005

KCC Office Use ONLY

____ Letter of Confidentiality Attached
If Denied, Yes ☐ Date: ____
____ Wireline Log Received
____ Geologist Report Received
____ UIC Distribution

Side Two

Operator Name PIONEER NATURAL RESOURCES USA, INC. Lease Name ROACH Well # A-1 R

Sec. 25 Twp. 32S S.R. 39W ☐ East ☒ 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 all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken (Attach Additional Sheets.)	☐ Yes	☒ No
Samples Sent to Geological Survey	☐ Yes	☒ No
Cores Taken	☐ Yes	☒ No
Electric Log Run (Submit Copy.)	☒ Yes	☐ No

List All E.Logs Run:

SONIC CEMENT BOND LOG
PHOTO DENSITY COMP NEUTRON LOG
ARRAY INDUCTION ELECTRIC LOG

☒ Log Formation (Top), Depth and Datums ☐ Sample

Name	Top	Datum
CHASE	2443'	MD
KRIDER	2479'	MD
FT. RILEY	2656'	MD
COUNCIL GROVE	2762'	MD

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#	605''	LT. PREM+	375	2%CaCl2
PRODUCTION	7-7/8"	5-1/2"	15.5#	3079'	15/85 POZMX	395	2%CaCl2

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose	Depth Top	Depth 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 Sqeeze Record *(Amount and Kind of Material Used)*	Depth
2	2768'-2934'	ACDZ 3978 GAL 15% HCLFe. FLSH 2824	
		GAL 20#WF G.FRAC 57000 GAL WFG120	
		+ 118000# 16/30 OTTAWA SAND	

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2-3/8"	2955'	N/A	☐ Yes ☒ No

Date of First, Resumed Production, SWD or Enhr.	Producing Method
08/28/03	☐ Flowing ☒ Pumping ☐ Gas Lift ☐ Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	0	100	0	--	--

Disposition of Gas: METHOD OF COMPLETION Production Interval

☐ Vented ☒ Sold ☐ Used on Lease ☐ Open Hole ☒ Perforation ☐ Dually Comp. ☐ Commingled 2768'-2934'

(If vented, submit ACO-18.)

☐ Other *(Specify)* _____