

9-35-3W

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

Operator: License # 9663

Name: Pioneer Exploration Company

Address P.O. Box 691007

City/State/Zip Houston, TX 77269-1007

Purchaser: Total (Oil) Western (Gas)

Operator Contact Person: Zafar Ullah

Phone (713) 893-9400

Contractor: Name: Kings Well Service

License: _____

Wellsite Geologist: None

Designate Type of Completion

New Well Re-Entry Workover

Oil SWD SIGW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, VSW, Expl., Cathodic, etc)

If Workover/Re-Entry: old well info as follows:

Operator: The Texas Company

Well Name: N.J. Peters #1

Comp. Date 12/21/50 Old Total Depth 4780

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back 4600 PSTD

Commingled Docket No. _____

Dual Completion Docket No. _____

Other (SWD or Inj?) Docket No. _____

12-30-93

12/30/93

Date of START OF WORKOVER _____ Date Reached TD _____ Completion Date of WORKOVER _____

API NO. 15- _____

County Sumner

NE - NE - NE - Sec. 9 Twp. 35S Rge. 3 X ^E

4950 Feet from S (circle one) Line of Section

330 Feet from E (circle one) Line of Section

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

Lease Name Schmitz Well # 3-1

Field Name Fall Creek

Producing Formation Mississippi

Elevation: Ground 1118' KB 1126

Total Depth 4780 PSTD 4600

Amount of Surface Pipe Set and Cemented at 583' 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 No. _____

Quarter _____ Sec. _____ Twp. _____ S Rng. _____ E/W

County _____ Docket No. _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, 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 [Signature]

Title Engineer Date 5/10/94

Subscribed and sworn to before me this 10 day of May, 19 94.

Notary Public [Signature]

Date Commission Expires 2-24-97



K.C.C. OFFICE USE ONLY RECEIVED STATE CORPORATION COMMISSION
F _____ Letter of Confidentiality Received
C _____ Wireline Log Received
C _____ Geologist Report Received
MAY 23 1994
Distribution
 KCC SWD/Rep
 KGS Plug
Wichita-Kansas (Specify) JS

Operator Name Pioneer Exploration Company Lease Name Schmitz Well # 3-1

Sec. 9 Twp. 35S Rge. 3 East West County Sumner

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem tests, log 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 Datum	<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	Kansas City	3633	(-2507)
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mississippi	4328	(-3202)
List All E.Logs Run:		Viola	4729	(-3603)
		Simpson	4744	(-3618)

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
Surface	15	10 3/4	32.75	583		450	1% Gel
Production	9	7"	20.23	4772		500	2% Gel

Purpose:	Depth		Type of Cement	#Sacks Used	Type and Percent Additives
	Top	Bottom			
<input type="checkbox"/> Perforate					
<input type="checkbox"/> Protect Casing					
<input type="checkbox"/> Plug Back TD					
<input type="checkbox"/> 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
	2 SPF	4336-4356		500 Gals 15% Mud Acid	
2 SPF	4366-4373				
	CIBP @ 4600'				

TUBING RECORD	Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	2 3/8	4271	4271		

Date of First, Resumed Production, SWD or Inj. January 24, 1994 Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity
	1		320		5		320,000	

Disposition of Gas:	<input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease	METHOD OF COMPLETION	Production Interval
(If vented, submit ACO-18.)	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled	<input type="checkbox"/> Other (Specify) _____	<u>4336-4356</u> <u>4366-4373</u>