

10-35-3W

[PRE-1967] 15-MI-10240-0001

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

Operator: License # 09663
Name: Pioneer Exploration Company
Address P.O. Box 691007
Houston
City/State/Zip Texas 77269
Purchaser: Texas Gas Resources
Operator Contact Person: Dean Jones
Phone (713) 893-9400
Contractor: Name: PECO (Company Tools)
License: 09663 3332

Wellsite Geologist: _____
Designate Type of Completion
____ New Well ____ Re-Entry X Workover
X Oil ____ SWD ____ SLOW ____ Temp. Abd.
X Gas ____ ENHR ____ SIGW
____ Dry ____ Other (Core, WSW, Expl., Cathodic, etc)

If Workover:

The Texas Company
Operator: Pioneer Exploration Co.
Well Name: Hudson 4-1
Comp. Date 2-3-51 Old Total Depth 4786
X ACIDIZED EXISTING PERFS
Deepening Re-perf. ____ Conv. to Inj/SWD
X Plug Back 4449 PBDT
____ Commingled Docket No. ____
____ Dual Completion Docket No. ____
____ Other (SWD or Inj?) Docket No. ____

11-8-95
Date OF START Date Reached TD Completion Date OF
OF WORKOVER WORKOVER

API NO. 15- _____
County Sumner
____ -NW - NW -NW Sec. 10 Twp. 35S Rge. 3 XW
330 Feet from S (N) (circle one) Line of Section
330 Feet from E (W) (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE, SE, (NW) or SW (circle one)
Lease Name Hudson Well # 4-1
Field Name Fall Creek
Producing Formation Mississippian
Elevation: Ground _____ KB 1127
Total Depth 4786 PBDT 4449
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 REWORK 87 2-2-96
(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, 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.

I, _____, 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 Consultant Date 12/27/95
Subscribed and sworn to before me this 27th day of December,
19 95.
Notary Public [Signature]
Date Commission Expires 2/24/97

K.C.C. OFFICE USE ONLY		
F	Letter of Confidentiality Attached	
C	Wireline Log Received	
C	Geologist Report Received	
Distribution		
<u>X</u> KCC	____ SWD/Rep	____ NGPA
____ KGS	____ Plug	____ Other (Specify)

W 5-28-01

SIDE TWO

Operator Name Pioneer Exploration Company Lease Name Hudson Well # 4-1Sec. 10 Twp. 35S Rge. 3☐ East
☒ WestCounty Sumner

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

Samples Sent to Geological Survey

☐ Yes ☒ No

Cores Taken

☐ Yes ☒ NoElectric Log Run
(Submit Copy.)☐ Yes ☒ No

List All E.Logs Run:

☐ Log

Formation (Top), Depth and Datums

☐ Sample

Name

Top

Datum

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		10 3/4"	32.75	583	"A"	450	1% CaCl
Production	9"	7"	20.00	4776	"A"	500	2% Gel

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<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	4340-4360	1000 gals 15% FeHCL	4640-60
	BP @ 4449		

TUBING RECORD	Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	2 3/8"	4311	4311		
Date of First, Resumed Production, SLD or Inj.	Producing Method <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)				
12/2/95					
Estimated Production Per 24 Hours	Oil 0 Bbls.	Gas 66 Mcf	Water 0 Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas:

METHOD OF COMPLETION

Production Interval

☐ Vented ☒ Sold ☐ Used on Lease
(If vented, submit ACO-18.)

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