

COPY

FORM MUST BE TYPED

SIDE ONE

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

Operator: License # 9663
 Name: PIONEER EXPLORATION COMPANY
 Address: P.O. BOX 681087
HOUSTON, TX 77268-1087
 City/State/Zip _____
 Purchaser: SCURLOCK (OIL); WESTERN (GAS)
 Operator Contact Person: TIN M. WIN
 Phone (281) 893-9400
 Contractor: Name: COMPANY TOOLS
 License: _____
 Wellsite Geologist: None
 Designate Type of Completion
 ___ New Well ___ Re-Entry X Workover

___ Oil ___ SVD ___ SIOW ___ Temp. Abd.
X Gas ___ ENHR ___ SIOW
 ___ Dry ___ Other (Core, VSV, Expl., Cathodic, etc)

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

Operator: TEXAS COMPANY
HUDSON #2
 Well Name: _____
 Comp. Date 4/20/51 Old Total Depth 4797

___ Deepening X Re-perf. ___ Conv. to Inj/SVD
 Plug Back CIBP @ 4650 PSTD w/1 sk
XXX Comingled ___ Docket No. _____
 Dual Completion ___ Docket No. _____
 Other (SVD or Inj?) ___ Docket No. _____

10-16-96

Spud Date of START Date Reached TD Completion Date of
 OF WORKOVER OF WORKOVER WORKOVER
 _____ 01/06/97 _____

API NO. 15-191-10,243/1951
 County SIMNER
 ___ NW ___ NE ___ NW Sec. 10 Twp. 35S Rge. 3 X E

330 Feet from SW (circle one) Line of Section
1650 Feet from EW (circle one) Line of Section

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

Lease Name Fall Creek KC Unit Well # 4-2

Field Name Fall Creek

Producing Formation LKC + MISSISSIPPI

Elevation: Ground _____ KB 1123

Total Depth: 4797 PSTD 4650

Amount of Surface Pipe Set and Cemented at 584 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/ _____ sz cnt.

Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid vol. _____ bbls

Devastating method used _____

Location of fluid disposal if hauled off site _____

Operator Name _____

Lease Name _____

Quarter Sec. Twp. Rge. E/W

County _____ Docket # _____

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1997 FEB 19 P 2:15

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 Tin M. Win
 Engineer Date 2/14/97



Witness to before me this 14th day of February.
Harold Manass
 Expires 2/24/97

E.C.C. OFFICE USE ONLY

F Letter of Confidentiality Attached
 C Wireline Log Received
 C Geologist Report Received

Distribution
 KCC SVD/Rep NEPA
 EGS Plug Other (Specify) IS

Y900

Operator Name PIONEER EXPLORATION COMPANY

Lease Name FALL CREEK KC UNIT

Well # 4-2

Sec. 10 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 give 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 Yes No
 (Attach Additional Sheets.)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
 (Submit Copy.)

Log Formation (Top), Depth and Datum Sample

Name	Top	Datum
Kansas City	3616	-2493
Mississippi	4324	-3204
Simpson	4762	-3639

List All E.Logs Run: THERMAL MULTI-GATE DECAY

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	15	10 3/4	32.75	584		450	
Production	9	7	23.20	4790		500 DVC 422B	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 checked="" type="checkbox"/> Plug Back To <input type="checkbox"/> Plug Off Zone	4647'-4650'	Class "A"	1	None

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
	4790-4797 (OH), 4774-4780, 4765-4770		
	3670-3674, 3662-3666		
2	4328-4332 (NEW) CIBP @ 4650'	500 gal, 15% MCA	

TUBING RECORD	Size	Set At	Packs At	Liner Run
	2 3/8	4270	4270	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumed Production, SMD or Inj.	Producing Method
01/26/97	<input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Expl)

Estimated Production Per 24 Hours	Oil Bbls.	Gas 110 Mcf	Water 1 Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas:
 Vented Sold Used on Lease
 (If vented, submit ACO-1B.)

METHOD OF COMPLETION
 Open Hole Part. Dually Comp. Commingled
 Other (Specify) _____

Production Interval:
3662'-3666'
3670'-3674'
4328'-4332'