

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

RECEIVED
APR 27 2004
KCC WIC

ORIGINAL

Operator: License # 32016
Name: Pioneer Resources
Address: 177 W. Limestone Rd. Phillipsburg
City/State/Zip: Kansas 67661
Purchaser: _____
Operator Contact Person: Rodger D. Wells
Phone: (785) 543-5556
Contractor: Name: Shields Drilling
License: 5184
Wellsite Geologist: Todd Morgenstern

API No. 15 - 065-22955-00-00
County: Graham
_____ NW Sec. 22 Twp. 8 S. R. 23 East West
1380 feet from S N (circle one) Line of Section
2080-2080 feet from E W (circle one) Line of Section

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

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Martha Well #: 1
Field Name: Hilger NE
Producing Formation: Arbuckle
Elevation: Ground: 2191 Kelly Bushing: 2196
Total Depth: 3727 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 218 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.

If Workover/Re-entry: 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. _____

Drilling Fluid Management Plan ALT#2 PAA R/R 5/30/07
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used _____
Location of fluid disposal if hauled offsite: No fluids were removed and allowed to air dry
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

1-22-04 1-27-04
Spud Date or Date Reached TD Completion Date or Recompletion Date

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 of 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: Rodger D. Wells
Title: Owner Date: 4-26-04
Subscribed and sworn to before me this 26 day of April,
19 2004
Notary Public: Julie D. Wagenblast

KCC Office Use ONLY
 Letter of Confidentiality Attached
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

NOTARY PUBLIC
JULIE D. WAGENBLAST
NOTARY PUBLIC
STATE OF KANSAS
My App. Exp 3/17/07

Date Commission Expires: _____

Operator Name: Pioneer Resources Lease Name: Martha Well #: 1
 Sec. 22 Twp. 8S 23 East West County: Graham

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems 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 test, along with final chart(s). 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: <u>Radiation Guard</u>	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Anh.</td> <td>1864</td> <td>+332</td> </tr> <tr> <td>Base Anh.</td> <td>1895</td> <td>+301</td> </tr> <tr> <td>Topeka</td> <td>3229</td> <td>-1033</td> </tr> <tr> <td>Heebner</td> <td>3440</td> <td>-1244</td> </tr> <tr> <td>Tor.</td> <td>3464</td> <td>-1268</td> </tr> <tr> <td>Lans.</td> <td>3482</td> <td>-1286</td> </tr> <tr> <td>BKC</td> <td>3687</td> <td>-1491</td> </tr> </table>	Name	Top	Datum	Anh.	1864	+332	Base Anh.	1895	+301	Topeka	3229	-1033	Heebner	3440	-1244	Tor.	3464	-1268	Lans.	3482	-1286	BKC	3687	-1491
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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	# Sacjs Used	Type and Percent Additives
Surface	12 1/4	8 5/8"	7.875	218	60/40 POZ.	175	2%Gel. 3%CC

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 TD <input type="checkbox"/> Plug Off Zone	Sur-1875	common	200	60/40 Poz. 6% Gel. 1/4# Flo seal

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD	Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.		Producing Method			
		<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas **METHOD OF COMPLETION** Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
(If vented, Sumit ACO-18.) Other (Specify) _____

ALLIED CEMENTING CO., INC.

13794

ORIGINAL

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
OAKLEY

DATE <u>1-27-04</u>	SEC. <u>22</u>	TWP. <u>8S</u>	RANGE <u>23W</u>	CALLED OUT	ON LOCATION <u>11:30 PM</u>	JOB START <u>12:30 AM</u>	JOB FINISH <u>3:30 AM</u>
LEASE <u>MARATHA</u>	WELL # <u>1</u>	LOCATION <u>HELL CITY 15-1/2W-N ENTD</u>			COUNTY <u>GRAHAM</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR SHIELDS DRILL

TYPE OF JOB PTA

HOLE SIZE 7 7/8" T.D. 3725'

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4 1/2" DEPTH 1878'

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

OWNER SAME

CEMENT AMOUNT ORDERED 200 SKS 60/40 02 6 2/3 6 EL 1/4 FLO-SEAL

COMMON	<u>120 SKS</u>	@	<u>8 35/60</u>	<u>1002 00</u>
POZMIX	<u>80 SKS</u>	@	<u>3 80</u>	<u>304 00</u>
GEL	<u>10 SKS</u>	@	<u>10 00</u>	<u>100 00</u>
CHLORIDE		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>210 SKS</u>	@	<u>1 15</u>	<u>241.50</u>
MILEAGE	<u>05¢ PER SK / MILE</u>			<u>861.00</u>
TOTAL				<u>2578.50</u>

EQUIPMENT

PUMP TRUCK CEMENTER TERRY

300 HELPER WAYNE

BULK TRUCK

218 DRIVER LOANEE

BULK TRUCK

_____ DRIVER _____

REMARKS:

25 SKS AT 1878'

100 SKS AT 1046'

40 SKS AT 270'

10 SKS AT 40'

15 SKS RAT HOLE

10 SKS MOUSE HOLE

SERVICE

DEPTH OF JOB	<u>1878'</u>		
PUMP TRUCK CHARGE			<u>520 00</u>
EXTRA FOOTAGE		@	
MILEAGE	<u>82 ME</u>	@	<u>3 30</u>
PLUG	<u>8 7/8 DRY HOLE</u>	@	<u>23 00</u>
		@	
		@	
TOTAL <u>830 00</u>			

CHARGE TO: PIONEER RESOURCES

STREET _____

CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

TOTAL _____

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE Doug Roberts

Doug Roberts
PRINTED NAME

RECEIVED
APR 27 2004
KCC WICH TA

