

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 32825
Name: Pioneer Exploration, LTD.
Address: 15603 Kuykendahl Suite 200
City/State/Zip: Houston, Texas 77090-3655

Purchaser: _____
Operator Contact Person: Shelia Bolding
Phone: (281) 893-9400 Ext 234

Contractor: Name: Ace Drilling Inc.,
License: 33006

Wellsite Geologist: _____

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

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. _____

<u>03/13/04</u>	<u>03/21/04</u>	<u>09/06/04</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 095-21869 - 0000

County: Kingman

NE SE SE SW Sec. 32 Twp. 29 S. R. 8 East West

425 feet from (S) / N (circle one) Line of Section

496 feet from E / (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW (SW)

Well Name: Marx-Kinsler Well #: 3-32

Field Name: Spivey Grabs Basil

Producing Formation: Mississippian (Chat)

Elevation: Ground: 1550 Kelly Bushing: 1553

Total Depth: 4300 Plug Back Total Depth: 4200

Amount of Surface Pipe Set and Cemented at 200 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 Alt. #1 KGR 7/03/07
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume 240 bbls

Dewatering method used _____

Location of fluid disposal if hauled offsite:

Operator Name: Messenger Petroleum

Lease Name: Nicholas SWD License No.: 4706

Quarter _____ Sec. 20 Twp. 30 S. R. 8 East West

County: Kingman Docket No.: D-25703

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: Shelia R Bolding

Title: Regulatory Analyst Date: October 4, 2004

Subscribed and sworn to before me this 4 day of October

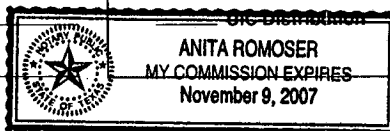
20 04

Notary Public: [Signature]

Date Commission Expires: 11/9/07

KCC Office Use ONLY

_____ Letter of Confidentiality Received
If Denied, Yes Date: _____
_____ Wireline Log Received
_____ Geologist Report Received



ORIGINAL

Operator Name: Pioneer Exploration, LTD Lease Name: Marx-Kinsler Well #: 3-32
 Sec. 32 Twp. 29 S. R. 8 East West County: Kingman

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run:	<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>Heebner</td> <td>3218</td> <td>-1665</td> </tr> <tr> <td>Lansing</td> <td>3448</td> <td>-1895</td> </tr> <tr> <td>Stark Shale</td> <td>3286</td> <td>-2273</td> </tr> <tr> <td>Cherokee Shale</td> <td>4066</td> <td>-2513</td> </tr> <tr> <td>Mississippian</td> <td>4157</td> <td>-2597</td> </tr> </table>	Name	Top	Datum	Heebner	3218	-1665	Lansing	3448	-1895	Stark Shale	3286	-2273	Cherokee Shale	4066	-2513	Mississippian	4157	-2597
Name	Top	Datum																	
Heebner	3218	-1665																	
Lansing	3448	-1895																	
Stark Shale	3286	-2273																	
Cherokee Shale	4066	-2513																	
Mississippian	4157	-2597																	

CASING RECORD <input checked="" 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	12-1/4	8-5/8	24-J-55	283	60/40	175	
Longstring	7-4/8	4-1/2	10.5 J-55	4283'	ACS	200	

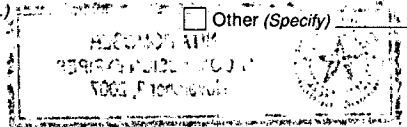
ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	4164	75 Common C	25	C+2% cc

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
	4157-4176		

TUBING RECORD Size <u>2-3/8</u> Set At <u>4142</u> Packer At <u>TAC</u>	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. <u>09/06/04</u>	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
Estimated Production Per 24 Hours Oil Bbls. <u>0</u> Gas Mcf <u>6</u> Water Bbls. <u>0</u>	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, Submit ACO-18.) Other (Specify) _____



ALLIED CEMENTING CO., INC. 15123

Federal Tax I.D.# ~~00000000~~

P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

Medicine Lodge

DATE <i>4-5-64</i>	SEC. <i>6</i>	TWP. <i>30s</i>	RANGE <i>8w</i>	CALLED OUT <i>11:00 A.M.</i>	ON LOCATION <i>12:30 P.M.</i>	JOB START <i>1:20 P.M.</i>	JOB FINISH <i>3:00 P.M.</i>
LEASE <i>M. Kinslee</i>		WELL.# <i>3-32</i>		LOCATION <i>Zenda 2 E 2 N</i>		COUNTY <i>Kingman</i>	STATE <i>Ks</i>
OLD OR NEW (Circle one) <input checked="" type="checkbox"/> OLD				LOCATION <i>3/4 E M. 1 TO</i>			

CONTRACTOR *Pioneer EXPLOR.* OWNER *Pioneer Exploration*

TYPE OF JOB *SQUEEZE*

HOLE SIZE _____ T.D. _____

CASING SIZE *4 1/2* DEPTH *4164*

TUBING SIZE *2 7/8* DEPTH *4164*

DRILL PIPE _____ DEPTH _____

TOOL JOINT *Peak* DEPTH *4164 4077*

PRES. MAX *1500 PSI* MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT *Fresh Water*

CEMENT AMOUNT ORDERED *75x C+2%cc*

EQUIPMENT

PUMP TRUCK # *265* CEMENTER *David W.*

HELPER *B. H. M.*

BULK TRUCK # *242* DRIVER *Larry G.*

BULK TRUCK # _____ DRIVER _____

COMMON	<i>75 "C"</i>	@	<i>10.65</i>	<i>798.75</i>
POZMIX		@		
GEI.		@		
CHLORIDE	<i>2</i>	@	<i>30.00</i>	<i>60.00</i>
HANDLING	<i>77</i>	@	<i>1.25</i>	<i>96.25</i>
MILEAGE	<i>45 x 77 x .05</i>			<i>173.25</i>
TOTAL				<i>1128.25</i>

REMARKS:

SERVICE

*Rig up pump 75x C+2%cc
Displace w/18 BBLs Water on
Bottom Perfs Pull Tubing
Wash up Truck Run Tubing
W/ Packet Seal at 4077 Joint Box
Side Take Into Rate Hit
Cement at 2500 FT Wash Down Island
Rig Down*

DEPTH OF JOB <i>4164</i>			<i>1195.00</i>	
PUMP TRUCK CHARGE				
EXTRA FOOTAGE	@			
MILEAGE <i>45</i>	@	<i>4.00</i>	<i>180.00</i>	
PLUG	@			
TOTAL				<i>1375.00</i>

CHARGE TO: *Pioneer Exploration*

STREET _____

CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

_____	@			
_____	@			
_____	@			
_____	@			
TOTAL				_____

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.

TAX _____

TOTAL CHARGE ~~1128.25~~

DISCOUNT ~~000000~~ IF PAID IN 30 DAYS

SIGNATURE *Dean Howard* PRINTED NAME *Dean Howard*

**ANY APPLICABLE TAX
WILL BE CHARGED
UPON INVOICING**

United Cementing & Acid Company, Inc.

2510 W. 6th St.

El Dorado, Kansas 67042

316-321-4680 800-794-0187 (Fax)316-321-4720

Remit Payment To:

One North Hudson, Suite 1000

Oklahoma City, OK 73102

405-278-8800

Customer:

0

Pioneer Exploration LTD

PO Box 38

Spivey, Kansas 67142

0

Invoice No.

5893

Field Ticket

5294

Date

3/23/2004

PO#

0

Date of Job	County	State	Lease	Well No.
03/22/04	KM	KS	Kinsler	#3-32
Size of Casing	Depth Of Well	Depth Of Job	Plug Depth	Pressure
4-1/2"	4300'	4283'	4240'	-
Quantity	Description	UOM	Unit Price	Total
PRODUCTION CASING				
-	Cement Unit	-	-	* 1,093.00
40	Mileage Charge	-	2.05	* 82.00
200	60/40 Pozmix	sax	4.90	980.00
175	Lite Weight Cement	sax	4.95	866.25
8	Gel	sax	9.70	77.60
1000#	Salt	cwt	9.00	90.00
1,000	KolSeal	lb	0.40	400.00
45	Flo-Seal	lb	1.30	58.50
500	Mud Flush	gal	0.60	300.00
413	Bulk Charge	sax	0.98	404.74
-	Drayage - 21.25 tons x .73 x 40	-	-	620.50
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<i>Thank you for your continued business</i>				
Taxable	*Non-Taxable	Tax Rate	Sales Tax	TOTAL DUE
3797.59	1,175.00	0.053	201.27	\$5,173.86

TERMS: Net 30 days from invoice date. Please pay from this invoice.

OFFICE COPY

United Cementing & Acid Company, Inc.

2510 W. 6th St.

El Dorado, Kansas 67042

316-321-4680 800-794-0187 (Fax)316-321-4720

Remit Payment To:

One North Hudson, Suite 1000
Oklahoma City, OK 73102

405-278-8800

Customer:

0

Pioneer Exploration LTD

PO Box 38

Spivey, Kansas 67142

0

Invoice No. 5898

Field Ticket 5293

Date

3/23/2004

PO#

0

Date of Job		County	State	Lease	Well No.
03/22/04		KM	KS	Kinsler	#3-32
Size of Casing	Depth Of Well	Depth Of Job	Plug Depth	Pressure	
Quantity	Description	UOM	Unit Price	Total	
FLOAT EQUIPMENT					
-		-	-		-
1	4-1/2" AFU Float Shoe				194.00
2	4-1/2" Cement Baskets	ea	160.00		320.00
10	4-1/2" Centralizers	ea	29.70		297.00
1	4-1/2" Loc Down Plug & Baffle				150.00
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<i>Thank you for your continued business</i>					
	Taxable	*Non-Taxable	Tax Rate	Sales Tax	TOTAL DUE
	961.00	0.00	0.053	50.93	\$1,011.93

TERMS: Net 30 days from invoice date. Please pay from this invoice.

OFFICE COPY