

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

ORIGINAL

Operator: License # 32016
Name: Pioneer Resources
Address: 177 W. Limestone Rd.
City/State/Zip: Phillipsburg, Kansas, 67661
Purchaser: None
Operator Contact Person: Rodger D. Wells
Phone: (785) 543-5556
Contractor: Name: W-W Drilling Inc.
License: 33575
Wellsite Geologist: Randy Kilian

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. _____

8-2-05 8-7-05 8-7-2005
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-065-23072-00-00

County: Graham

SW-SW-NW- Sec. 5 Twp. 10 S. R. 21 East West

2290 feet from S N (circle one) Line of Section

410 feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: Miller Well #: 1

Field Name: Cooper

Producing Formation: None

Elevation: Ground: 2303 Kelly Bushing: 2308

Total Depth: 3910 Plug Back Total Depth: 3910

Amount of Surface Pipe Set and Cemented at 228 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

In Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan AH I SB 8-20-08
(Data must be collected from the Reserve Pit) PEA 8-7-05

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. R. _____ East West

County: _____ Docket No.: _____

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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: _____

Subscribed and sworn to before me this 5th day of October

2005

Notary Public: Beverly A. Schemper

Date Commission Expires: March 22, 2009

NOTARY PUBLIC - State of Kansas
BEVERLY A. SCHEMPER
My Appt. Expires 3-22-09

KCC Office Use ONLY

Letter of Confidentiality Attached

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

X

ALLIED CEMENTING CO., INC. 16523

ORIGINAL

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

SERVICE POINT:
Russell

DATE <u>8-2-05</u>	SEC. <u>5</u>	TWP. <u>10</u>	RANGE <u>21</u>	CALLED OUT <u>6:30 AM</u>	ON LOCATION <u>9:30 AM</u>	JOB START	JOB FINISH <u>2:30 AM</u>
LEASE <u>Miller</u>		WELL# <u>1</u>	LOCATION <u>Bogue - Redline JCT.</u>		COUNTY <u>GRAHAM</u>	STATE <u>KANSAS</u>	
OLD OR <input checked="" type="checkbox"/> NEW (Circle one)		<u>BOULEVARD & REDLINE</u>		<u>GRAHAM KS</u>			

CONTRACTOR W-W Dale #1

TYPE OF JOB Rat Hole Plug

HOLE SIZE 7 1/2" Sur. I.D. 2910'

CASING SIZE 8 1/2" Sur. I.D. 3028'

TUBING SIZE 8 1/8" 228'

DRILL PIPE 4 1/2" X-H 3897'

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. 10-15'

DISPLACEMENT _____

EQUIPMENT 13 1/2 BBL

PUMP TRUCK CEMENTER Glen

345 HELPER CRAIG

BULK TRUCK _____

222 DRIVER GARY

BULK TRUCK _____

_____ DRIVER _____

REMARKS:

- 25 SK @ 3897'
- 25 SK @ 1813'
- 100 SK @ 1003'
- 40 SK @ 278'
- 10 SK @ 40' 4 Aug
- 15 SK @ Rat Hole
- 10 SK @ Mouse Hole THANKS

CHARGE TO: Pioneer Resources

STREET PIONEER RES.

CITY _____ STATE _____ ZIP _____

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.

SIGNATURE [Signature]

OWNER _____

CEMENT AMOUNT ORDERED 225 SK 69 1/40 670 GEL

160 COPAR 3 SKCC

290 GEL

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

ASC _____ @ _____

HANDLING _____ @ _____

MILEAGE 69 mile TAN

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TOTAL _____

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE 69 @ _____

_____ @ _____

_____ @ _____

TOTAL _____

PLUG & FLOAT EQUIPMENT

8 1/2 Day Hole

MANIFOLD Wood @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME Bill Wynn

ALLIED CEMENTING CO., INC. ORIGINAL

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

SERVICE POINT: R

DATE <u>8-2-05</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>MILLER</u>	WELL # <u>1</u>	LOCATION <u>BOGUE RD E RED LINE</u>			COUNTY <u>GRAHAM</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)			<u>1 1/2</u>				

CONTRACTOR W W

TYPE OF JOB SURFACE

HOLE SIZE 12 1/4 T.D. 230

CASING SIZE 8 5/8 DEPTH 228

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 10-15'

PERFS.

DISPLACEMENT 13 1/2 BBL

OWNER

CEMENT

AMOUNT ORDERED 160 Com 3% GEL
2% GEL

EQUIPMENT

PUMP TRUCK CEMENTER Blank

366 HELPER SHINE

BULK TRUCK

282 DRIVER NEW

BULK TRUCK

DRIVER

COMMON @

POZMIX @

GEL @

CHLORIDE @

ASC @

HANDLING @

MILEAGE @

TOTAL

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KCC@WICHITA

REMARKS:

CHARGE TO: PIONEER RES.

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE @ _____

MILEAGE @ _____

MANIFOLD @ _____

TOTAL

PLUG & FLOAT EQUIPMENT

8 7/8 Wood @ _____

@ _____

@ _____

@ _____

@ _____

TOTAL

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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 _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE Bill Wynn Bill Wynn
PRINTED NAME

THANKS.!