

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 04824
Name: PIONEER NATURAL RESOURCES USA, INC.
Address ATTN: David Vincenti
City/State/Zip IRVING, TX 75039
Purchaser: PIONEER NATURAL RESOURCES USA, INC.
Operator Contact Person: David Vincenti
Phone (972) 444-9001
Contractor: Name: VAL DRILLING
License: 5822
Wellsite Geologist: _____

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

If Workover/Reentry: 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. _____
04/19/03 04/24/03 05/27/03
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

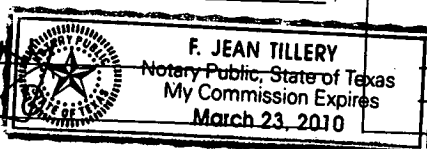
API NO. 15- 15-067-21537-0000
County GRANT
W/2 - W/2 - NW - NE Sec. 9 Twp. 30S S. R. 35W E W
660' FNL _____ Feet from S (circle one) Line of Section
2765' FWL _____ Feet from E (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name FLOWERS, M. B. Well # 1-9R
Field Name HUGOTON
Producing Formation CHASE
Elevation: Ground 2886.19' Kelley Bushing 2891.19'
Total Depth 2271' Plug Back Total Depth 2740'
Amount of Surface Pipe Set and Cemented at 562.75' 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
(Data must be collected from the Reserve Pit)
Chloride content 1000 ppm Fluid volume 3000 bbls
Dewatering method used DRY OUT/EVAPORATION/BACKFILL
Location of fluid disposal if hauled offsite: _____
Operator Name _____
Lease Name _____ License No. _____
Quarter _____ Sec. _____ Twp. _____ S R. _____ 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. 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 [Signature]
Title ENGINEERING TECH Date 01/16/08

Subscribed and sworn to before me this 16th day of January
20 08
Notary Public [Signature]
Date Commission Expires 3/23/2010



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

RECEIVED
KANSAS CORPORATION COMMISSION
JAN 18 2008
CONSERVATION DIVISION
WICHITA, KS

Operator Name PIONEER NATURAL RESOURCES USA, INC.

Lease Name FLOWERS, M. B.

Well # 1-9R

Sec. 9 Twp. 30S S.R. 35W East West

County GRANT

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 all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken (Attach Additional Sheets.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datums <input type="checkbox"/> Sample <table border="1"> <tr> <th>Name</th> <th>Top</th> <th>Datum</th> </tr> <tr> <td>CHASE</td> <td>2396'</td> <td>MD</td> </tr> <tr> <td>KRIDER</td> <td>2446'</td> <td>MD</td> </tr> <tr> <td>FT. RILEY</td> <td>2605'</td> <td>MD</td> </tr> <tr> <td>COUNCIL GROVE</td> <td>2719'</td> <td>MD</td> </tr> </table>	Name	Top	Datum	CHASE	2396'	MD	KRIDER	2446'	MD	FT. RILEY	2605'	MD	COUNCIL GROVE	2719'	MD
Name	Top		Datum														
CHASE	2396'		MD														
KRIDER	2446'		MD														
FT. RILEY	2605'		MD														
COUNCIL GROVE	2719'	MD															
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 (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
List All E.Logs Run: SONIC CEMENT BOND LOG GAMMA RAY NEUTRON LOG																	

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#	562.75'	LT. PREM+	355	2%CaCl2
PRODUCTION	7-7/8"	5-1/2"	15.5#	2750.56'	15/85POZMIX	510	2%CaCl2

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
1	2396' - 2648' (175' w/ 181 Holes)	ACDZ 5000 GAL 15% HClFe. FLSH 2700	
		20# WTRFRAC. 97500 GAL WTRFRAC G20	
		FOAM, 150000# 16/30 OTTAWA SD	

TUBING RECORD		Size	Set At N/A	Packer At N/A	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. 05/29/03			Producing Method <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
Estimated Production Per 24 Hours 200	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
		X			

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION: Open Hole Perforation Dually-Comp. Commingled Other (Specify) _____

Production Interval: 2396' - 2648'

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

COPY

Operator: License # 04824
Name: PIONEER NATURAL RESOURCES USA, INC.
Address ATTN: David Vincenti
City/State/Zip IRVING, TX 75039
Purchaser: PIONEER NATURAL RESOURCES USA, INC.
Operator Contact Person: David Vincenti
Phone (972) 444-9001
Contractor: Name: VAL DRILLING
License: 5822
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/Reentry: Old Well Info as follows:
Operator: _____
Well Name: _____
Original Comp. Date _____ Original Total Depth _____
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 Plug Back _____ Plug Back Total Depth _____
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 Dual Completion _____ Docket No. _____
 Other (SWD or Enhr?) _____ Docket No. _____
04/19/03 04/24/03 05/27/03
Spud Date or _____ Date Reached TD _____ Completion Date or _____
Recompletion Date _____

API NO. 15- 15-067-21537-0000
County GRANT
W/2 - W/2 - NW - NE Sec. 9 Twp. 30S S. R. 35W E W
660' FNL _____ Feet from S (circle one) Line of Section
2765' FWL _____ Feet from E (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) (NE) SE NW SW
Lease Name FLOWERS, M. B. Well # 1-9R
Field Name HUGOTON

Producing Formation CHASE
Elevation: Ground 2886.19' Kelley Bushing 2891.19'
Total Depth 2271' Plug Back Total Depth 2740'

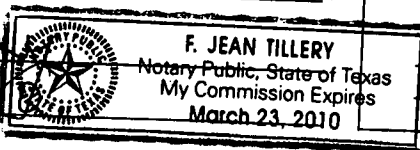
Amount of Surface Pipe Set and Cemented at 562.75' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content 1000 ppm Fluid volume 3000 bbls
Dewatering method used DRY OUT/EVAPORATION/BACKFILL
Location of fluid disposal if hauled offsite: _____
Operator Name _____
Lease Name _____ License No. _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ E W
County _____ Docket No. _____

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Signature [Signature]
Title ENGINEERING TECH Date 01/16/08

Subscribed and sworn to before me this 16th day of January
20 08
Notary Public [Signature]
Date Commission Expires 3/23/2010



KCC Office Use ONLY

Letter of Confidentiality Attached
 If Denied, Yes No Date: _____

Wireline Log Received
 Geologist Report Received
 UIC Distribution

RECEIVED
KANSAS CORPORATION COMMISSION
JAN 18 2008
CONSERVATION DIVISION
WICHITA, KS

Operator Name PIONEER NATURAL RESOURCES USA, INC.

Lease Name FLOWERS, M. B.

Well # 1-9R

Sec. 9 Twp. 30S S.R. 35W East West

County GRANT

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 all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken (Attach Additional Sheets.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 (Submit Copy.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No List All E.Logs Run: SONIC CEMENT BOND LOG GAMMA RAY NEUTRON LOG	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;"><input checked="" type="checkbox"/> Log</td> <td colspan="2">Formation (Top), Depth and Datums</td> <td><input type="checkbox"/> Sample</td> </tr> <tr> <td>Name</td> <td>Top</td> <td>Datum</td> <td></td> </tr> <tr> <td>CHASE</td> <td>2396'</td> <td>MD</td> <td></td> </tr> <tr> <td>KRIDER</td> <td>2446'</td> <td>MD</td> <td></td> </tr> <tr> <td>FT. RILEY</td> <td>2605'</td> <td>MD</td> <td></td> </tr> <tr> <td>COUNCIL GROVE</td> <td>2719'</td> <td>MD</td> <td></td> </tr> </table>	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datums		<input type="checkbox"/> Sample	Name	Top	Datum		CHASE	2396'	MD		KRIDER	2446'	MD		FT. RILEY	2605'	MD		COUNCIL GROVE	2719'	MD	
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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
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ADDITIONAL CEMENTING/SQUEEZE RECORD					
Purpose	Depth		Type of Cement	#Sacks Used	Type and Percent Additives
	Top	Bottom			
<input type="checkbox"/> Perforate					
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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
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		FOAM. 150000# 16/30 OTTAWA SD	

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
			N/A	N/A			
Date of First Resumed Production, SWD or Enhr.			Producing Method				
05/29/03			<input checked="" 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		
200	-	X	-				

Disposition of Gas: Vented Sold Used on Lease Open Hole Perforation Dually Comp. Commingled Other (Specify) _____

Production Interval 2396' - 2648'

(If vented, submit ACO-18.)

COPY

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County GRANT
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660' FNL _____ Feet from S(circle one) Line of Section
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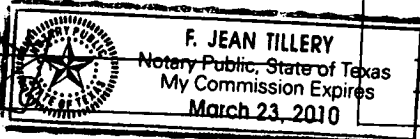
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Signature [Signature]
Title ENGINEERING TECH Date 01/16/08

Subscribed and sworn to before me this 16th day of January
20 08
Notary Public F. Jean Tillery
Date Commission Expires 3/23/2010



KCC Office Use ONLY
RECEIVED
Letter of Confidentiality _____
If Denied, Yes Date: _____
Wireline Log Received **JAN 18 2008**
Geologist Report Received
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KANSAS CORPORATION COMMISSION
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Drill Stem Tests Taken (Attach Additional Sheets.) Yes No

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run (Submit Copy.) Yes No

List All E.Logs Run:

SONIC CEMENT BOND LOG
GAMMA RAY NEUTRON LOG

Log Formation (Top), Depth and Datums Sample

Name Top Datum

CHASE	2396'	MD
KRIDER	2446'	MD
FT. RILEY	2605'	MD
COUNCIL GROVE	2719'	MD

CASING RECORD New Used

Report all strings set-conductor, surface, intermediate, production, etc.

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Disposition of Gas:

METHOD OF COMPLETION

Production Interval

Vented Sold Used on Lease

Open Hole Perforation Dually Comp. Commingled

2396' - 2648'

(If vented, submit ACO-18.)

Other (Specify)