

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
**WELL COMPLETION FORM**  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1  
September 1999  
Form Must Be Typed

ORIGINAL

Operator: License # 04824  
Name: Pioneer Natural Resources USA, Inc.  
Address: 5205 N. O'Connor Blvd.  
City/State/Zip: Irving, TX 75039  
Purchaser: N/A  
Operator Contact Person: Angie Hernandez  
Phone: (972) 444-9001  
Contractor: Name: The Loftis Company  
License: 32437

Wellsite Geologist: N/A

Designate Type of Completion:

☐ New Well ☐ Re-Entry ☐ Workover  
☐ Oil ☐ SWD ☐ SIOW ☐ Temp. Abd.  
☐ Gas ☐ ENHR ☐ SIGW ☐ \*Cathodic  
☐ Dry ☒ \* Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:

Operator: N/A

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. \_\_\_\_\_

Spud Date or 03/19/04  
Recompletion Date Date Reached TD Completion Date or  
Recompletion Date

API No. 15 - 067-21564-00-00 Alt-3  
County: Grant

County: SE SE SE Sec. 2 Twp. 30S S. R. 37W ☐ East ☒ West  
100' feet from S / N (circle one) Line of Section  
30 feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: Rectifier Well #: 25

Field Name: MTR Gathering System

Producing Formation: N/A

Elevation: Ground: 3104' Kelly Bushing: N/A

Total Depth: 240' Plug Back Total Depth: N/A

Amount of Surface Pipe Set and Cemented at 20' Feet

Multiple Stage Cementing Collar Used? ☐ Yes ☒ No

If yes, show depth set N/A Feet

If Alternate II completion, cement circulated from Surface

feet depth to 20' w/ 14 sx cmt.

(Portland Type I)

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

Chloride content: \_\_\_\_\_ ppm Fluid volume: \_\_\_\_\_ bbls

Dewatering method used: \_\_\_\_\_

Location of fluid disposal if hauled offsite: Note: CDP-1 Filed &  
CDP-4 Attached

Operator Name: \_\_\_\_\_

Lease Name: \_\_\_\_\_ License No.: \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_ ☐ East ☐ West

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 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: Mike Loftis  
Title: Partner Date: 03/31/04  
Subscribed and sworn to before me this 31 day of March, 2004  
Notary Public: [Signature]  
Date Commission Expires: 10-11-2006

KCC Office Use ONLY

YES Letter of Confidentiality Attached  
If Denied, Yes ☐ Date: \_\_\_\_\_  
☐ Wireline Log Received  
☐ Geologist Report Received  
☐ UIC Distribution

ORIGINAL

Operator Name: Pioneer Natural Resources Lease Name: Rectifier Well #: 25  
 Sec. 2 Twp. 30S.S. R. 37W ☐ East ☒ West County: \_\_\_\_\_ Grant \_\_\_\_\_

**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 ☐ Yes ☒ No  
 (Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes ☒ No

Cores Taken ☐ Yes ☒ No

Electric Log Run ☐ Yes ☒ No  
 (Submit Copy)

List All E. Logs Run:

☒ Log Formation (Top), Depth and Datum ☐ Sample

| Name             | Top | Datum |
|------------------|-----|-------|
| Top Soil         | 0   |       |
| Brown Clay       | 25  |       |
| Sandy Brown Clay | 105 |       |
| Brown Clay       | 125 |       |
| TD               | 240 |       |

RECEIVED

APR 07 2004

KCC WICHITA

| 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 | # Sacs Used | Type and Percent Additives |
| Surface Casing                                                                      | 16"               | 10.75"                    | 7/91              | 20'           | Neat           | 14          | Portland                   |
|                                                                                     |                   |                           |                   |               |                |             |                            |
|                                                                                     |                   |                           |                   |               |                |             |                            |

| ADDITIONAL CEMENTING / SQUEEZE RECORD                                                                                                                            |                  |                |             |                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------|-------------|----------------------------|
| Purpose:                                                                                                                                                         | Depth Top Bottom | Type of Cement | #Sacks Used | Type and Percent Additives |
| <input type="checkbox"/> Perforate<br><input type="checkbox"/> Protect Casing<br><input type="checkbox"/> Plug Back TD<br><input type="checkbox"/> Plug Off Zone | N/A              |                |             |                            |
|                                                                                                                                                                  |                  |                |             |                            |

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

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

Disposition of Gas

METHOD OF COMPLETION

Production Interval

☐ Vented ☐ Sold ☐ Used on Lease  
 (If vented, Sumit ACO-18.)

N/A

☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled  
☐ Other (Specify) \_\_\_\_\_

ORIGINAL

The Loftis Company  
P.O. Box 7847  
Midland, Texas 79708  
915-682-8343

RECEIVED  
APR 07 2004  
KCC WICHITA

### Cementing Report

|                                                             |                        |
|-------------------------------------------------------------|------------------------|
| Cement Date                                                 | 03/18/04               |
| Drilled Hole Size (in.)                                     | 16"                    |
| Drilled Hole Depth (ft.) (Length of Casing/Depth of Cement) | 20'                    |
| Size of Casing (in.)                                        | 10"(10.75" OD)         |
| Hrs. Waiting on Cement Before Drill-Out                     | 19 hours               |
| Sacks of Cement Used                                        | 14                     |
| Top of Cement (ft.) Note: Pressure Pumped to Surface        | Surface                |
| Slurry Wt. (lbs./gal.)                                      | 15.6                   |
| Type Cement                                                 | (Neat) Portland Type I |

KCC API # 15-067-21564-00-00

CUSTOMER: Pioneer Natural Resources

UNIT #: Rect. # 25

LOCATION: MTR Gathering System - Grant County, KS

CEMENTER: The Loftis Company

CEMENTER'S REPRESENTATIVE: Jesus J. Martinez

RECEIVED

JUN 07 2004

KCC WICHITA

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

## WELL COMPLETION FORM

## WELL HISTORY - DESCRIPTION OF WELL &amp; LEASE

Form ACO-1  
September 1999  
Form Must Be Typed

Revised

ORIGINAL

Operator: License # 04824  
 Name: Pioneer Natural Resources USA, Inc.  
 Address: 5205 N. O'Connor Blvd.  
 City/State/Zip: Irving, TX 75039  
 Purchaser: N/A  
 Operator Contact Person: Angie Hernandez  
 Phone: (972) 444-9001  
 Contractor: Name: The Loftis Company  
 License: 32437  
 Wellsite Geologist: N/A  
 Designate Type of Completion:  
 \_\_\_\_\_ New Well \_\_\_\_\_ Re-Entry \_\_\_\_\_ Workover  
 \_\_\_\_\_ Oil \_\_\_\_\_ SWD \_\_\_\_\_ SIOW \_\_\_\_\_ Temp. Abd.  
 \_\_\_\_\_ Gas \_\_\_\_\_ ENHR \_\_\_\_\_ SIGW \*Cathodic  
 \_\_\_\_\_ Dry X\* Other (Core, WSW, Expl., Cathodic, etc)  
 If Workover/Re-entry: Old Well Info as follows:  
 Operator: N/A  
 Well Name: \_\_\_\_\_

Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_  
 \_\_\_\_\_ Despensing \_\_\_\_\_ 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. \_\_\_\_\_  
3/17/04 3/18/04 03/19/04  
 Spud Date or Date Reached TD Completion Date or  
 Recompletion Date Recompletion Date

API No. 15 - 067-21564-00-00 Alt-3  
 Grant  
 County: \_\_\_\_\_  
 SE SE SE Sec. 2 Twp. 30S S. R. 37W ☐ East ☒ West  
100' feet from S / N (circle one) Line of Section  
30 feet from E / W (circle one) Line of Section  
 Footages Calculated from Nearest Outside Section Corner:  
 (circle one) NE SE NW SW  
 Lease Name: Rectifier Well #: 25  
 Field Name: MTR Gathering System  
 Producing Formation: N/A  
 Elevation: Ground: 3104' Kelly Bushing: N/A  
 Total Depth: 240' Plug Back Total Depth: N/A  
 Amount of Surface Pipe Set and Cemented at 20' Feet  
 Multiple Stage Cementing Collar Used? ☐ Yes ☒ No  
 If yes, show depth set N/A Feet  
 If Alternate II completion, cement circulated from Surface  
 feet depth to 20' w/ 14 sk cmt.  
 (Portland Type I)

Drilling Fluid Management Plan  
 (Data must be collected from the Reserve Pit)  
 Chloride content: \_\_\_\_\_ ppm Fluid volume: \_\_\_\_\_ bbls  
 Dewatering method used: \_\_\_\_\_  
 Location of fluid disposal if hauled offsite: Note: CDP-1 Filed &  
 CDP-4 Attached  
 Operator Name: \_\_\_\_\_  
 Lease Name: \_\_\_\_\_ License No.: \_\_\_\_\_  
 Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_ ☐ East ☐ West  
 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 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: \_\_\_\_\_ Mike Loftis  
 Title: Partner Date: 03/31/04  
 Subscribed and sworn to before me this 31 day of March,  
2004  
 Notary Public: \_\_\_\_\_  
 Date Commission Expires: 10-11-2006

## KCC Office Use ONLY

N/D Letter of Confidentiality Attached  
 If Denied, Yes ☐ Date: \_\_\_\_\_  
 \_\_\_\_\_ Wireline Log Received  
 \_\_\_\_\_ Geologist Report Received  
 \_\_\_\_\_ UIC Distribution

ORIGINAL

Operator Name: Pioneer Natural Resources Lease Name: Rectifier Well #: 25  
 Sec. 2 Twp. 30S.S. R. 37W ☐ East ☒ West County: Grant

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 ☐ Yes ☒ No  
 (Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes ☒ No

Cores Taken ☐ Yes ☒ No

Electric Log Run ☐ Yes ☒ No  
 (Submit Copy)

List All E. Logs Run:

☒ Log Formation (Top), Depth and Datum ☐ Sample

| Name             | Top | Datum |
|------------------|-----|-------|
| Top Soil         | 0   |       |
| Brown Clay       | 25  |       |
| Sandy Brown Clay | 105 |       |
| Brown Clay       | 125 |       |
| TD               | 240 |       |

RECEIVED  
 JUN 07 2004  
 KCC WICHITA

### 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 Casing    | 16"               | 10.75"                    | 7/91              | 20'           | Neat           | 14           | Portland                   |
|                   |                   |                           |                   |               |                |              |                            |
|                   |                   |                           |                   |               |                |              |                            |

### ADDITIONAL CEMENTING / SQUEEZE RECORD

| Purpose:                                                                                                                                                         | Depth Top Bottom | Type of Cement | #Sacks Used | Type and Percent Additives |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------|-------------|----------------------------|
| <input type="checkbox"/> Perforate<br><input type="checkbox"/> Protect Casing<br><input type="checkbox"/> Plug Back TD<br><input type="checkbox"/> Plug Off Zone | N/A              |                |             |                            |
|                                                                                                                                                                  |                  |                |             |                            |

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

| TUBING RECORD                                   | Size                                                                                                                                         | Set At  | Packer At   | Liner Run                                                |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------|----------------------------------------------------------|
| N/A                                             |                                                                                                                                              |         |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date of First, Resumed Production, SWD or Enhv. | Producing Method                                                                                                                             |         |             |                                                          |
| N/A                                             | <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                                    |
| N/A                                             |                                                                                                                                              |         |             |                                                          |

Disposition of Gas

### METHOD OF COMPLETION

Production Interval

☐ Vented ☐ Solid ☐ Used on Lease  
 (If vented, Sumit ACO-18.)

N/A

☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled  
☐ Other (Specify) \_\_\_\_\_