

**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 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: _____
 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 Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
		03/17/04

API No. 15 - 067-21560-00-00 Alt 3
County: Grant

W/2 SW - SW - SW Sec. 30 Twp. 29S. R. 37W East West
30' feet from (S) / N (circle one) Line of Section
225' 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 #: 24
Field Name: MTR Gathering System
Producing Formation: N/A

Elevation: Ground: 3115' Kelly Bushing: N/A
Total Depth: 260' 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)

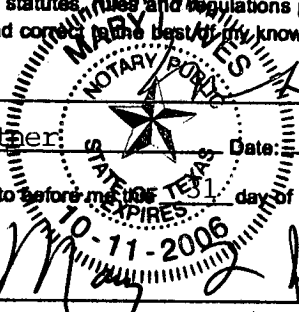
Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit) AH3-dlg-2/24/09

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 on 31 day of March, 2004
Notary Public: [Signature]
Date Commission Expires: 10-11-2006



KCC Office Use ONLY

NO Letter of Confidentiality Attached
If Denied, Yes Date: _____
____ Wireline Log Received
____ Geologist Report Received
____ UIC Distribution

ORIGINAL
24

Operator Name: Pioneer Natural Resources Lease Name: Rectifier Well #: _____
 Sec. 30 Twp. 29S 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 <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 checked="" 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>Top Soil</td> <td>0</td> <td></td> </tr> <tr> <td>Brown Clay</td> <td>25</td> <td></td> </tr> <tr> <td>TD</td> <td>260</td> <td></td> </tr> </table>	Name	Top	Datum	Top Soil	0		Brown Clay	25		TD	260	
Name	Top	Datum											
Top Soil	0												
Brown Clay	25												
TD	260												

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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	# 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 <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	N/A			

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
N/A			

TUBING RECORD		Size	Set At	Packer At	Liner Run			
						<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Date of First, Resumed Production, SWD or Enhr.			Producing Method					
N/A			<input checked="" type="checkbox"/> 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
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Sumit ACO-18.)</i>	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	_____
N/A		

ORIGINAL

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

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Cementing Report

Cement Date	03/16/04
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	18 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 # 15-067-21560-00-00

CUSTOMER: Pioneer Natural Resources

UNIT #: Rect.# 24

LOCATION: MTR Gathering System - Grant County, KS

CEMENTER: The Loftis Company

CEMENTER'S REPRESENTATIVE: Jesus J. Martinez

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KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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Revised

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3/15/04 3/16/04 03/17/04
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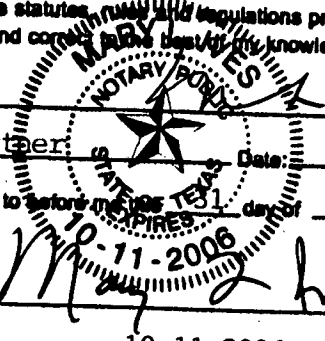
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Signature: _____ Mike Loftis
 Title: Partner Date: 03/31/04
 subscribed and sworn to before me this 31 day of March
2004
 Notary Public: _____
 Notary Commission Expires: 10-11-2006



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

Operator Name: Pioneer Natural Resources Lease Name: Rectifier Well #: 24
 Sec. 30 Twp. 29S s. R. 37W East West County: Grant

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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:

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<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Name	Top	Datum
Top Soil	0	
Brown Clay	25	
TD	260	

CASING RECORD <input checked="" type="checkbox"/> New <input type="checkbox"/> Used							
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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
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Date of First, Resumed Production, SWD or Enhr.	Producing Method <input checked="" type="checkbox"/> 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

Disposition of Gas Vented Sold Used on Lease (if vented, Sumit ACO-18.) N/A

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____