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KCC WICHITA

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

Revised

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

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Designate Type of Completion:  
\_\_\_ New Well \_\_\_ Re-Entry \_\_\_ Workover  
\_\_\_ Oil \_\_\_ SWD \_\_\_ SLOW \_\_\_ 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. \_\_\_\_\_

3-22-04 3-23-04 3-24-04  
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 189-22457-00-00 Alt-3

County: Stevens

SW SW Sec. 15 Twp. 31S S. R. 37W East  West   
30' feet from S / N (circle one) Line of Section  
50' 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 #: 19

Field Name: MTR Gathering System

Producing Formation: N/A

Elevation: Ground: 3089' Kelly Bushing: N/A

Total Depth: 170' 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)

ATB-DIG-2/27/09

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: Mary L. Ivitt Mike Loftis  
Title: Partner Date: 03/31/04  
Subscribed and sworn to before me this 31 day of March  
Notary Public: Mary L. Ivitt  
Date Commission Expires: 11-2006

KCC Office Use ONLY  
NO 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 #: 19  
 Sec. 15 Twp. 31S S. R. 37W  East  West County: Stevens

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:

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Log Formation (Top), Depth and Datum  Sample  
 Name Top Datum  
 Top Soil 0  
 Brown Clay 25  
 Brown Sandy Clay 140  
 TD 170

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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	# 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			

PERFORATION RECORD - Bridge Plugs Set/Type  
 Specify Footage of Each Interval Perforated

Shots Per Foot	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
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) \_\_\_\_\_