

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

RECEIVED
KANSAS CORPORATION COMMISSION

APR 19 2007

Operator: License # 04824
Name: PIONEER NATURAL RESOURCES USA, INC.
Address ATTN: LINDA KELLY - ROOM 1325
City/State/Zip IRVING, TX 75039
Purchaser: PIONEER NATURAL RESOURCES USA, INC.
Operator Contact Person: LINDA KELLY
Phone (972) 444-9001
Contractor: Name: _____
License: _____
Wellsite Geologist: _____

API NO. 15- 15-189-22325-000102
County STEVENS CONSERVATION DIVISION
WICHITA, KS
SE - NW - SW Sec. 15 Twp. 32S S. R. 39W E W

1952' FSL Feet from SN (circle one) Line of Section
675' FWL Feet from EW (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW

Lease Name CORNELL UNIVERSITY Well # B-1
Field Name PANOMA

Producing Formation COUNCIL GROVE

Elevation: Ground 3257' Kelley Bushing 3268'

Total Depth 6100' Plug Back Total Depth 2881'

Amount of Surface Pipe Set and Cemented at 1703' 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 WD NH 7-8-08
(Data must be collected from the Reserve Pit)

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. _____ E W

County _____ Docket No. _____

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: OXY USA INC

Well Name: CORNELL UNIVERSITY B-1

Original Comp. Date 03/04/00 Original Total Depth 6100'

Deepening Re-perf. Conv. to Enhr./SWD

Plug Back 5610 Plug Back Total Depth

Commingled Docket No. _____

Dual Completion Docket No. _____

Other (SWD or Enhr?) Docket No. _____

11/09/06 03/12/07
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

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.

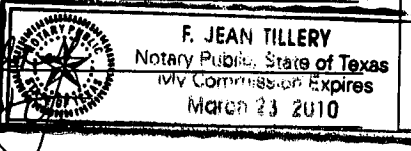
All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature Linda Kelly

Title SR ENGINEERING TECH Date 04/17/07

Subscribed and sworn to before me this 17TH day of April
20 07

Notary Public F. Jean Tillery
Date Commission Expires 3/23/2010



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

Operator Name PIONEER NATURAL RESOURCES USA, INC.

Lease Name CORNELL UNIVERSITY

Well # B-1

Sec. 15 Twp. 32S S.R. 39W East West

County STEVENS

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.) 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:

Log Formation (Top), Depth and Datums Sample

Name Top Datum

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					C		
PRODUCTION					C		

ADDITIONAL CEMENTING/SQUEEZE RECORD					
Purpose	Depth		Type of Cement	#Sacks Used	Type and Percent Additives
	Top	Bottom			
<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
	CIBP@3150', 5 SX CMT, CIBP@2886', 1 sx cmt	2810 GAL 15% HCL, FLUSH 13.4 BBL.	
3	PERF 2891' - 2918', 2775' - 2865'	FRAC 10,000 GAL WF G20 & 15,000#	
		100 MESH SAND. 70,500 GAL WF G30 &	
		150,000# 10/30 PREM WHITE SAND	

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2 3/8"	2873'	N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr.			Producing Method		
WORKOVER FIRST PROD 3/15/07			<input type="checkbox"/> Flowing <input checked="" 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
50		X	0		

Disposition of Gas:

METHOD OF COMPLETION

Production Interval

Vented Sold Used on Lease

Open Hole Perforation Dually Comp. Commingled

2775' - 2918'

(If vented, submit ACO-18.)

Other (Specify)