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MAR 24 2006

KCC WICHITA

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Form ACO-1  
September 1999  
Form Must Be Typed

Operator: License # 32016  
Name: Pioneer Resources  
Address: 177 W. Limestone Rd.  
City/State/Zip: Phillipsburg, Kansas 67661  
Purchaser: 0  
Operator Contact Person: Rodger D. Wells  
Phone: (785) 543-5556  
Contractor: Name: W-W Drilling LLC  
License: 33575  
Wellsite Geologist: Ron Nelson

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/Re-entry: 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. \_\_\_\_\_

1-2-06 1-8-06 1-8-06  
Spud Date or Date Reached TD Completion Date or  
Recompletion Date

API No. 15 - 15-051-25477-00-00

County: Ellis

NE - NE Sec31 Twp. 12 S. R. 19  East  West

610 feet from S (N) (circle one) Line of Section

950 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: Armbrister Well #: 7

Field Name: Schoenthaler

Producing Formation: \_\_\_\_\_

Elevation: Ground: 2150 Kelly Bushing: 2155

Total Depth: 3855 Plug Back Total Depth: 3855

Amount of Surface Pipe Set and Cemented at 212 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 P+A AIT I MR  
(Data must be collected from the Reserve Pit) 10-27-08

Chloride content 43,000 ppm Fluid volume 925 bbls

Dewatering method used Air Dry

Location of fluid disposal if hauled offsite: \_\_\_\_\_

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: Rodger D. Wells

Title: Owner Date: 3-23-06

Subscribed and sworn to before me this 23 day of March

19 2006

Notary Public: \_\_\_\_\_

Date Commission Expires: \_\_\_\_\_

NOTARY PUBLIC  
STATE OF KANSAS  
GAYLA MCCREERY  
State of Kansas  
My Appt. Exp. 3-8-08

KCC Office Use ONLY

Letter of Confidentiality Attached

If Denied, Yes  Date: \_\_\_\_\_

Wireline Log Received

Geologist Report Received

UIC Distribution

Operator Name: Pioneer Resources Lease Name: Armbrister Well #: 7  
 Sec. 31 Twp. R. 19  East  West County: Ellis



**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:

<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Name	Top	Datum
Anhy.	1503	+652
B. Anhy	1542	+613
Top.	3190	-1035
Heeb.	3424	-1269
Tor.	3446	-1291
LKC	3466	-1311
Mar.	3741	-1586
Arb.	3836	-1681

CASING RECORD <input 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	# Sacjs Used	Type and Percent Additives

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

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No

Date of First, Resumerd Production, SWD or Enhr.	Producing Method <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.)

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

Production Interval \_\_\_\_\_



# ALLIED CEMENTING CO., INC. 23597

Federal Tax I.D.#

REMIT TO P.O. BOX 31  
RUSSELL, KANSAS 67665

SERVICE POINT:

*Russell*

DATE <i>1-2-06</i>	SEC. <i>31</i>	TWP. <i>12</i>	RANGE <i>19</i>	CALLED OUT	ON LOCATION <i>6:15 am</i>	JOB START <i>7:30 am</i>	JOB FINISH <i>7:45 pm</i>
LEASE <i>Amberg</i>	WELL # <i>7</i>	LOCATION <i>Fl. 1 1/4 4 1/2 E Sine</i>		COUNTY <i>Fl.</i>	STATE <i>K</i>		
OLD OR NEW (Circle one)						RECEIVED	

CONTRACTOR *W.H. Drilling Res.*

TYPE OF JOB *Surface*

HOLE SIZE *12 1/2* T.D. *220'*

CASING SIZE *8 1/2 2016* DEPTH *219'*

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. *13*

PERFS.

DISPLACEMENT *13 1/2 Bbl*

OWNER *KCC WICHITA*

MAR 24 2006

CEMENT *KCC WICHITA*

AMOUNT ORDERED *160 lbs Ca. 5% CC*

*28601*

**EQUIPMENT**

PUMP TRUCK CEMENTER *Steve*

# *409* HELPER *Clay*

BULK TRUCK

# *345* DRIVER *Prison*

BULK TRUCK

# DRIVER

COMMON @

POZMIX @

GEL @

CHLORIDE @

ASC @

\_\_\_\_\_ @

\_\_\_\_\_ @

\_\_\_\_\_ @

\_\_\_\_\_ @

\_\_\_\_\_ @

\_\_\_\_\_ @

\_\_\_\_\_ @

HANDLING @

MILEAGE \_\_\_\_\_

**REMARKS:**

*Ca. 5% did Circ. late*

*Thank you*

TOTAL \_\_\_\_\_

**SERVICE**

DEPTH OF JOB \_\_\_\_\_

PUMP TRUCK CHARGE \_\_\_\_\_

EXTRA FOOTAGE @ \_\_\_\_\_

MILEAGE @ \_\_\_\_\_

MANIFOLD @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

TOTAL \_\_\_\_\_

**PLUG & FLOAT EQUIPMENT**

*1 8 1/2 Wooded Plug* @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

TOTAL \_\_\_\_\_

To Allied Cementing Co., Inc.  
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

TAX \_\_\_\_\_

TOTAL CHARGE \_\_\_\_\_

DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS

SIGNATURE *[Signature]*

PRINTED NAME