

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

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

Wellsite Geologist: Randy Killian
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/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. _____
5-5-06 5-11-06 6-13-06
Spud Date or Date Reached TD Completion Date or Recompletion Date

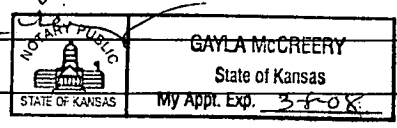
API No. 15 - ⁰⁵¹ 25508-00-00
County: Ellis
SW - SWNE - SE Sec. 31 Twp. 12 S. R. 19 East West
1500 feet from S / N (circle one) Line of Section
1070 feet from E / W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Schoenthaler A Well #: 2
Field Name: Schoenthaler
Producing Formation: LKC
Elevation: Ground: 2164 Kelly Bushing: 2169
Total Depth: 3927 Plug Back Total Depth: 3926
Amount of Surface Pipe Set and Cemented at 233 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set 1556 Feet
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.
AH2-Dlg-11-14-08

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: _____
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: 7-19-06
Subscribed and sworn to before me this 19 day of July
19 2006
Notary Public: [Signature]
Date Commission Expires: _____



KCC Office Use ONLY

Letter of Confidentiality Attached
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

RECEIVED
JUL 20 2006

KCC WICHITA

ALLIED CEMENTING CO., INC. 24343

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

SERVICE POINT:

Russell

DATE <u>5/11/06</u>	SEC. <u>31</u>	TWP. <u>12</u>	RANGE <u>14</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>Seaton Miller</u>	WELL# <u>A</u>	LOCATION <u>1/2 mile S of E-30</u>				COUNTY <u>Fillmore</u>	STATE <u>Ks</u>
OLD OR NEW (Circle one)		<u>NEW</u>					

CONTRACTOR W.A. Drilling

TYPE OF JOB Production

HOLE SIZE 2 7/8 TD. 3926

CASING SIZE 5 1/2 DEPTH 3908

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT 16

CEMENT LEFT IN CSG. 16

PERFS.

DISPLACEMENT 75

OWNER

CEMENT

AMOUNT ORDERED 110 lbs ASC

500 Gal WFR-2

EQUIPMENT

PUMP TRUCK CEMENTER Shane

409 HELPER Craig

BULK TRUCK

345 DRIVER Oran

BULK TRUCK

DRIVER

COMMON @

POZMIX @

GEL @

CHLORIDE @

ASC @

HANDLING @

MILEAGE @

TOTAL

REMARKS:

Insert Co 3392

Control Plug @ 1400 ft

Repair float

SERVICE

DEPTH OF JOB

PUMP TRUCK CHARGE

EXTRA FOOTAGE @

MILEAGE @

MANIFOLD @

TOTAL

CHARGE TO: Pump Services

STREET

CITY STATE ZIP

PLUG & FLOAT EQUIPMENT

RECEIVED

9' (cont) @

Plug float (B) @

ATC float @

Control float @

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 _____

PRINTED NAME _____

ALLIED CEMENTING CO., INC. 24333

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

SERVICE POINT: Russell

DATE <u>5/1/06</u>	SEC. <u>31</u>	TWP. <u>12</u>	RANGE <u>17</u>	CALLED OUT	ON LOCATION	JOB START <u>11/23/05</u>	JOB FINISH <u>11/23/05</u>
LEASE <u>...</u>	WELL # <u>A 2</u>	LOCATION <u>T11 217.8 N</u>			COUNTY <u>...</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)		<u>S T 4 N W 1</u>					

CONTRACTOR Ken Dilling, No. 2

TYPE OF JOB ...

HOLE SIZE _____ T.D. _____

CASING SIZE 4 1/2 DEPTH 935

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT 14 581

OWNER _____

CEMENT AMOUNT ORDERED 200 Cu Yds

25 Cu Yds

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

ASC _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING _____ @ _____

MILEAGE _____ @ _____

TOTAL _____

EQUIPMENT

PUMP TRUCK CEMENTER Steve

49 HELPER ...

BULK TRUCK

300 DRIVER Dig

BULK TRUCK

_____ DRIVER _____

REMARKS:

CHARGE TO: ...

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

MANIFOLD _____ @ _____

_____ @ _____

RECEIVED

JUL 20 2006

KCC WICHITA

TOTAL _____

PLUG & FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

... @ _____

_____ @ _____

_____ @ _____

TOTAL _____

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SIGNATURE _____

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME _____