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JG 0.9 2006

KCC WICHITA

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: _____
Operator Contact Person: Rodger D. Wells
Phone: (785) 543-5556
Contractor: Name: Rodger D. Wells
License: 33724
Wellsite Geologist: James Musgrove

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. _____
5-19-06 5-29-06
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 135-24478-00-00

County: Ness

SW NW NE Sec. 33 Twp. 19 S. R. 26 East West

1020 feet from S N (circle one) Line of Section

2290 feet from E (circle one) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: Knopp Well #: 1

Field Name: _____

Producing Formation: Arbuckle

Elevation: Ground: 2663 Kelly Bushing: 2673

Total Depth: 4743 Plug Back Total Depth: 1950'

Amount of Surface Pipe Set and Cemented at 235 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.

DFA-Dlg-11-18-08

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: 8-18-06

Subscribed and sworn to before me this 8th day of August

192006

Notary Public: Julie D. Wagenblast

Date Commission Expires: 3/17/07

KCC Office Use ONLY

N Letter of Confidentiality Attached

If Denied, Yes Date: _____

_____ Wireline Log Received

_____ Geologist Report Received

_____ UIC Distribution



JULIE D. WAGENBLAST
NOTARY PUBLIC
STATE OF KANSAS

Operator Name: Pioneer Resources Lease Name: Knopp Well #: 1
 Sec. 33 Twp. 19 S. R. 26 East West County: Ness

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:

Dual Compensated
 Dual Induction
 Microresistivity
 Sonic

Log Formation (Top), Depth and Datum Sample

Name	Top	Datum
Heeb.	3986	-1313
Tor.	4007	-1334
Lans.	4030	-1357
Paw.	4507	-1334
Ft. Scott	4562	-1889
Miss. Dolomite	4666	-1987
T. D.	4743	-2070

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	# Sacs 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 checked="" type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	4743	60/40	205	1/4# Flo - Seal Per SX

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(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, Resumed 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	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Sumit ACO-18.)	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	_____

ALLIED CEMENTING CO., INC.

23704

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

SERVICE POINT:
Star City

DATE: 11-16	SEC. <i>1</i>	TWP. <i>14</i>	RANGE <i>36</i>	CALLED OUT <i>1:30</i>	ON LOCATION <i>6:00</i>	JOB START <i>9:00</i>	JOB FINISH <i>1:00</i>
LEASE <i>K... op</i>	WELL # <i>1</i>	LOCATION <i>...</i>		COUNTY <i>...</i>	STATE <i>...</i>		

CONTRACTOR *W...*
 TYPE OF JOB *...*
 HOLE SIZE *7 1/2* T.D. *1745*
 CASING SIZE _____ DEPTH _____
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT _____

OWNER *...*
 CEMENT AMOUNT ORDERED *...*
 COMMON _____ @ _____
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE _____ @ _____
 ASC _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
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 _____ @ _____
 _____ @ _____
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 _____ @ _____
 _____ @ _____

RECEIVED
 AUG 09 2006
 KCC WICHITA

EQUIPMENT

PUMP TRUCK CEMENTER *Jack*
 # *321* HELPER *City*
 BULK TRUCK DRIVER *Steve*
 # *342*
 BULK TRUCK DRIVER _____

REMARKS:

1st plug @ 1450 with 40 sec
2nd plug @ 1030 with 50 sec
3rd plug @ 940 with 40 sec
4th plug @ 160 with 40 sec
5th float 1.5 sec
Plugs & float 10 sec
500 sec total

CHARGE TO: *R...*
 STREET _____
 CITY _____ STATE _____ ZIP _____

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.

TOTAL _____
 SERVICE
 DEPTH OF JOB _____
 PUMP TRUCK CHARGE _____
 EXTRA FOOTAGE _____ @ _____
 MILEAGE _____ @ _____
 MANIFOLD _____ @ _____
 _____ @ _____
 _____ @ _____
 TOTAL _____
 TAX _____
 TOTAL CHARGE _____
 DISCOUNT _____ IF PAID IN 30 DAYS

PLUG & FLOAT EQUIPMENT

_____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____

PRINTED NAME

ATURE _____

[Signature]

ALLIED CEMENTING CO., INC. 18491

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

SERVICE POINT:

DATE <u>10-20-01</u>	SEC. <u>3E</u>	TWP. <u>1E</u>	RANGE <u>7S</u>	CALLED OUT <u>11:20 AM</u>	ON LOCATION <u>12:00 PM</u>	JOB START <u>2:00 PM</u>	JOB FINISH <u>1:30 PM</u>
LEASE <u>1/10/01</u>		WELL # <u>1</u>	LOCATION <u>1/2 mile S. of Russell, Kan</u>			COUNTY <u>NE</u>	STATE <u>KS</u>
OLD OR NEW (Circle one)							

CONTRACTOR WARREN & RLG #8

TYPE OF JOB SURFACE

HOLE SIZE 12 1/4" T.D. 235'

CASING SIZE 3 1/2" DEPTH 235'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 15'

PERFS. _____

DISPLACEMENT 14 MG

OWNER FIDELITY & SECURITY

CEMENT AMOUNT ORDERED 2 1/2 Bags A 3 1/2"

EQUIPMENT

PUMP TRUCK # <u>224</u>	CEMENTER <u>T. W.</u>	HELPER <u>T. W.</u>
BULK TRUCK # <u>257</u>	DRIVER <u>T. W.</u>	
BULK TRUCK # _____	DRIVER _____	

COMMON @ _____

POZMIX @ _____

GEL @ _____

CHLORIDE @ _____

ASC @ _____

HANDLING @ _____

MILEAGE @ _____

TOTAL _____

REMARKS:

RD 3 1/2" CG 4 235' Fm LOOK UP
TO 4 1/2" DIA. 10' (10' IN 10')
MIX 1/2 BAGS PER 10' 2 1/2" 2 1/2" 2 1/2"
2 1/2" 2 1/2" 2 1/2" 2 1/2" 2 1/2"
NO 1/2" 2 1/2" 2 1/2" 2 1/2" 2 1/2"
1 1/2" 2 1/2" 2 1/2" 2 1/2" 2 1/2"
1 1/2" 2 1/2" 2 1/2" 2 1/2" 2 1/2"

SERVICE

DEPTH OF JOB 235'

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE @ _____

MILEAGE @ _____

TOTAL _____

CHARGE TO: FIDELITY & SECURITY

STREET 177 W. Lincoln St. Rd

CITY Wichita STATE KS ZIP 67261

PLUG & FLOAT EQUIPMENT

MANIFOLD @ _____

1-Top 3 1/2" Uprate @ _____

@ _____

@ _____

@ _____

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment
and furnish cementer and helper to assist owner or

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