

ORIGINAL

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 32016
 Name: Pioneer Resources
 Address 1: 80 Windmill Dr.
 Address 2: _____
 City: Phillipsburg State: KS. Zip: 67661 + _____
 Contact Person: Rodger D. Wells
 Phone: (785) 543-5556
 CONTRACTOR: License # 5184
 Name: Shields Drilling Co. Inc.
 Wellsite Geologist: Steven Murphy
 Purchaser: Coffeyville Resources
 Designate Type of Completion:
 New Well _____ Re-Entry _____ Workover
 Oil _____ SWD _____ SIOW
 _____ Gas _____ ENHR _____ SIGW
 _____ CM (Coal Bed Methane) _____ Temp. Abd.
 _____ 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. _____ Conv. to SWD
 _____ Plug Back: _____ Plug Back Total Depth
 _____ Commingled _____ Docket No.: _____
 _____ Dual Completion _____ Docket No.: _____
 _____ Other (SWD or Enhr.?) _____ Docket No.: _____

<u>8-19-09</u>	<u>8-27-09</u>	<u>9-4-09</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 051-25888-00-00
 Spot Description: _____
 SW NE SW NW Sec. 32 Twp. 12 S. R. 19 East West
1895 Feet from North / South Line of Section
960 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: Ellis
 Lease Name: Amrein Well #: 6
 Field Name: Schoenthaler
 Producing Formation: LKC
 Elevation: Ground: 2126 Kelly Bushing: 2131
 Total Depth: 3880 Plug Back Total Depth: 3880
 Amount of Surface Pipe Set and Cemented at: 214 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set: 1510 Feet
 If Alternate II completion, cement circulated from: 1510
 feet depth to: Surface w/ 185 sx cmt.

Drilling Fluid Management Plan Air II NR 10-21-09
 (Data must be collected from the Reserve Pit)
 Chloride content: _____ ppm Fluid volume: _____ 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

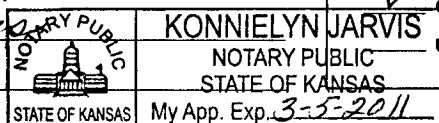
Title: Owner Date: 10-15-09

Subscribed and sworn to before me this 15th day of October

20 09

Notary Public: Konnilyn Jarvis

Date Commission Expires: 3-5-2011



KCC Office Use ONLY	
<input checked="" type="checkbox"/> Letter of Confidentiality Received	RECEIVED KANSAS CORPORATION COMMISSION OCT 19 2009
<input type="checkbox"/> If Denied, Yes <input type="checkbox"/> Date: _____	
<input checked="" type="checkbox"/> Wireline Log Received	
<input checked="" type="checkbox"/> Geologist Report Received	
<input type="checkbox"/> UIC Distribution	

CONSERVATION DIVISION
WICHITA, KS

Operator Name: Pioneer Resources Lease Name: Amrein Well #: 6
 Sec. 32 Twp. 12 S. 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Dual Induction / Dual compensated Porosity Log <div style="text-align: center;">✓</div>	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Ahy.</td> <td>1474</td> <td>+657</td> </tr> <tr> <td>Top.</td> <td>3149</td> <td>-1018</td> </tr> <tr> <td>Heeb.</td> <td>3385</td> <td>-1254</td> </tr> <tr> <td>Tor.</td> <td>3406</td> <td>-1275</td> </tr> <tr> <td>Lans.</td> <td>3426</td> <td>-1295</td> </tr> <tr> <td>Congl. Sand</td> <td>3754</td> <td>-1623</td> </tr> <tr> <td>Arb.</td> <td>3796</td> <td>-1665</td> </tr> </table>	Name	Top	Datum	Ahy.	1474	+657	Top.	3149	-1018	Heeb.	3385	-1254	Tor.	3406	-1275	Lans.	3426	-1295	Congl. Sand	3754	-1623	Arb.	3796	-1665
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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	12	8 5/8		214	Common	150	2%Gel 3%CC
Production	8	5 1/2	15.50	3880	Common	185	2%Gel 3% CC

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input checked="" type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	Surface to 1510	Common	185	2% Gel 3% CC

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
4	3756-62	500 Gal. 7% Acid	
4	3614-16	250 Gal MA	
4	3524-28	250 Gal. MA 15%	
4	3480-84	250 Gal MA 15%	
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OCT 19 2009			

TUBING RECORD:	Size: <u>2 7/8</u>	Set At: <u>3866</u>	Packer At:	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
CONSERVATION DIVISION WICHITA, KS				
Date of First, Resumed Production, SWD or Enhr. <u>9-25-09</u>		Producing Method: <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. <u>25</u>	Gas Mcf	Water Bbls. <u>500</u>	Gas-Oil Ratio <u>30</u>

DISPOSITION OF GAS: <input checked="" type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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24 S. Lincoln Street
 P.O. Box 31
 Russell, KS 67665-2906

Voice: (785) 483-3887
 Fax: (785) 483-5566

INVOICE

Invoice Number: 119840

Invoice Date: Aug 27, 2009

Page: 1

Bill To:
Pioneer Resources LLC 80 Windmill Drive Phillipsburg, KS 67661

Customer ID	Well Name# or Customer P.O.	Payment Terms	
PioRes	Amrein #6	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2-02	Russell	Aug 27, 2009	9/26/09

Quantity	Item	Description	Unit Price	Amount
185.00	MAT	Class A Common	13.50	2,497.50
3.00	MAT	Gel	20.25	60.75
8.00	MAT	Salt	21.25	170.00
500.00	MAT	WFR-2	1.10	550.00
185.00	SER	Handling	2.25	416.25
1.00	SER	Handling Mileage Charge	300.00	300.00
1.00	SER	Production String	1,957.00	1,957.00
8.00	SER	Pump Truck Mileage	7.00	56.00
1.00	EQP	Guide Shoe	101.00	101.00
1.00	EQP	AFU Insert	112.00	112.00
1.00	EQP	Port Collar	1,750.00	1,750.00
1.00	EQP	Basket	161.00	161.00
5.00	EQP	Centralizers	35.00	175.00
1.00	EQP	Solid Plug	43.00	43.00

Handwritten: PQ
~~6559.99~~
 6559.99

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 KANSAS CORPORATION COMMISSION

OCT 19 2009

CONSERVATION DIVISION
 WICHITA, KS

ALL PRICES ARE NET, PAYABLE
 30 DAYS FOLLOWING DATE OF
 INVOICE. 1 1/2% CHARGED
 THEREAFTER. IF ACCOUNT IS
 CURRENT, TAKE DISCOUNT OF

\$ 2087.38

ONLY IF PAID ON OR BEFORE

Sep 26, 2009

Subtotal	8,349.50
Sales Tax	297.87
Total Invoice Amount	8,647.37
Payment/Credit Applied	
TOTAL	8,647.37

2087.38

6558.88



24 S. Lincoln Street
 P.O. Box 31
 Russell, KS 67665-2906

Voice: (785) 483-3887
 Fax: (785) 483-5566

INVOICE

Invoice Number: 119901
 Invoice Date: Sep 4, 2009
 Page: 1

Bill To:
Pioneer Resources LLC 80 Windmill Drive Phillipsburg, KS 67661

Customer ID	Well Name# or Customer P.O.	Payment Terms	
PioRes	Amrein #6	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2-04	Russell	Sep 4, 2009	10/4/09

Quantity	Item	Description	Unit Price	Amount
185.00	MAT	Lightweight Class A	11.85	2,192.25
46.00	MAT	Flo Seal	2.45	112.70
185.00	SER	Handling	2.25	416.25
1.00	SER	Handling Mileage Charge	300.00	300.00
1.00	SER	Port Collar - Circulate Cement	1,159.00	1,159.00
8.00	SER	Pump Truck Mileage	7.00	56.00

PR
3401.67

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 OCT 19 2009
 CONSERVATION DIVISION
 WICHITA, KS

Subtotal	4,236.20
Sales Tax	224.52
Total Invoice Amount	4,460.72
Payment/Credit Applied	
TOTAL	4,460.72

ALL PRICES ARE NET, PAYABLE
 30 DAYS FOLLOWING DATE OF
 INVOICE. 1 1/2% CHARGED
 THEREAFTER. IF ACCOUNT IS
 CURRENT, TAKE DISCOUNT OF

\$ 1059.05

ONLY IF PAID ON OR BEFORE

Oct 4, 2009

3401.67

6

24 S. Lincoln Street
P.O. Box 31
Russell, KS 67665-2906
Voice: (785) 483-3887
Fax: (785) 483-5566

INVOICE

Invoice Number: 119757
Invoice Date: Aug 19, 2009
Page: 1

Bill To:
Pioneer Resources LLC
80 Windmill Drive
Phillipsburg, KS 67661

Customer ID	Well Name# or Customer P.O.	Payment Terms	
PioRes	Amrein #6	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2-01	Russell	Aug 19, 2009	9/18/09

Quantity	Item	Description	Unit Price	Amount
90.00	MAT	Class A Common	13.50	1,215.00
60.00	MAT	Pozmix	7.55	453.00
3.00	MAT	Gel	20.25	60.75
5.00	MAT	Chloride	51.50	257.50
150.00	SER	Handling	2.25	337.50
1.00	SER	Handling Mileage Charge	300.00	300.00
1.00	SER	Surface	991.00	991.00
8.00	SER	Pump Truck Mileage	7.00	56.00

RECEIVED
KANSAS CORPORATION COMMISSION
OCT 19 2009
CONSERVATION DIVISION
WICHITA, KS

ALL PRICES ARE NET, PAYABLE
30 DAYS FOLLOWING DATE OF
INVOICE. 1 1/2% CHARGED
THEREAFTER. IF ACCOUNT IS
CURRENT, TAKE DISCOUNT OF

\$ 917.69

ONLY IF PAID ON OR BEFORE

Sep 18, 2009

Subtotal	3,670.75
Sales Tax	105.27
Total Invoice Amount	3,776.02
Payment/Credit Applied	
TOTAL	3,776.02

P.R.
9.7.09
- 917.69
\$ 2858.33