



KANSAS CORPORATION COMMISSION 1056494
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 4824
Name: Pioneer Natural Resources USA, Inc.
Address 1: 5205 N O CONNOR BLVD
Address 2: _____
City: IRVING State: TX Zip: 75039 + 3707
Contact Person: Ron Hehman
Phone: (972) 444-9001
CONTRACTOR: License # 4824
Name: Pioneer Natural Resources USA, Inc.
Wellsite Geologist: Larry Brooks
Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
 Gas D&A ENHR SIGW
 OG GSW Temp. Abd.
 CM (Coal Bed Methane)
 Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: OXY USA Inc.
Well Name: MLP YOUNGREN B 1
Original Comp. Date: 6/23/2000 Original Total Depth: 6103
 Deepening Re-perf. Conv. to ENHR Conv. to SWD
 Conv. to GSW
 Plug Back: _____ Plug Back Total Depth _____
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

<u>03/20/2011</u>	<u>3/20/2011</u>
Spud Date or Recompletion Date	Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-189-22311-00-01

Spot Description: _____
_____ NW SW Sec. 11 Twp. 32 S. R. 39 East West
1980 Feet from North / South Line of Section
660 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Stevens

Lease Name: MLP YOUNGREN B Well #: 1

Field Name: _____

Producing Formation: Chase/Council Grove

Elevation: Ground: 3214 Kelly Bushing: 12

Total Depth: 6103 Plug Back Total Depth: 2998

Amount of Surface Pipe Set and Cemented at: 1704 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

(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 #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that 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.

Submitted Electronically

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Deanna Garcia Date: 05/24/2011



1056494

Operator Name: Pioneer Natural Resources USA, Inc. Lease Name: MLP YOUNGREN B Well #: 1
 Sec. 11 Twp. 32 S. R. 39 East West County: Stevens

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 complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name Attached	Top Datum Attached
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Electric Log Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Electric Log Submitted Electronically <i>(If no, Submit Copy)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
List All E. Logs Run:			

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	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing	-			
___ Plug Back TD				
___ Plug Off Zone	-			

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
Attached	Attached	Attached	Attached

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. 5/10/2011

Producing Method: Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input 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 type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input checked="" type="checkbox"/> Commingled <i>(Submit ACO-5) (Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Pioneer Natural Resources USA, Inc.
Well Name	MLP YOUNGREN B 1
Doc ID	1056494

Tops

Name	Depth	Unit
Glorieta	1230	KB
Hollenberg	2367	KB
Herrington	2416	KB
Krider	2444	KB
Towanda	2493	KB
Ft. Riley	2616	KB
A1 Lime	2742	KB
B1 Lime	2798	KB
B3 Shale	2830	KB

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Perforations

Interval	Perforation Interval	Perforation Type	Interval
3	Chase	Shot & Fractured	2573-2578
3	Chase	Shot & Fractured	2587-2591
3	Chase	Shot & Fractured	2617-2646
3	Chase	Shot & Fractured	2668-2674
3	Chase	Shot & Fractured	2700-2704
3	Chase	Shot & Fractured	2708-2715
3	Council Grove	Shot & Fractured	2742-2747
3	Council Grove	Shot & Fractured	2753-2755
3	Council Grove	Shot & Fractured	2758-2763
3	Council Grove	Shot & Fractured	2767-2771
3	Council Grove	Shot & Fractured	2776-2781
3	Council Grove	Shot & Fractured	2792-2796
3	Council Grove	Shot & Fractured	2800-2813
3	Council Grove	Shot & Fractured	2822-2830
3	Council Grove	Shot & Fractured	2845-2847