

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

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 # 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 # 33575
Name: WW DRILLING LLC
Wellsite Geologist: KEITH REAVIS
Purchaser: _____

API No. 15 - 063-21906-0000
Spot Description: _____
W2_SW_SE_NW Sec. 18 Twp. 14 S. R. 31 East West
2,310 Feet from North / South Line of Section
1,475 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: GOVE
Lease Name: GROOM Well #: 1
Field Name: WILDCAT

Producing Formation: MISSISSIPPIAN
Elevation: Ground: 2773 Kelly Bushing: 2778
Total Depth: 4600 Plug Back Total Depth: 4600
Amount of Surface Pipe Set and Cemented at: 220 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.

- 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: _____
Well Name: _____
Original Comp. Date: _____ Original Total Depth: _____
 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 #: _____
5/3/2011 5/11/2011
Spud Date or Date Reached TD Completion Date or Recompletion Date
Recompletion Date

Drilling Fluid Management Plan
(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 #: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Permit #: _____

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.

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.
Signature: Rodger D. Wells
Title: OWNER Date: 5/24/2011

KCC Office Use **RECEIVED**
 Letter of Confidentiality Received Date: MAY 26 2011
 Confidential Release Date: _____
 Wireline Log Received **KCC WICHITA**
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Dlg Date: 6/6/11

Original

Operator Name: PIONEER RESOURCES Lease Name: GROOM Well #: 1
 Sec. 18 Twp. 14 S. R. 31 East West County: GOVE

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 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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: DCPL,DIL,MICRO	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> </thead> <tbody> <tr> <td>HEEB</td> <td>3780</td> <td>-1002</td> </tr> <tr> <td>LANS</td> <td>3818</td> <td>-1040</td> </tr> <tr> <td>PAW</td> <td>4268</td> <td>-1490</td> </tr> <tr> <td>JO</td> <td>4390</td> <td>-1612</td> </tr> <tr> <td>MOR SAND</td> <td>4439</td> <td>-1661</td> </tr> <tr> <td>MISS.</td> <td>4454</td> <td>-1676</td> </tr> <tr> <td>TD</td> <td>4599</td> <td>-1821</td> </tr> </tbody> </table>	Name	Top	Datum	HEEB	3780	-1002	LANS	3818	-1040	PAW	4268	-1490	JO	4390	-1612	MOR SAND	4439	-1661	MISS.	4454	-1676	TD	4599	-1821
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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
SURFACE	12 1/4	8 5/8	23	220	COMMON	165	3% GEL 2% CC

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
_____ Perforate _____ Protect Casing <input checked="" type="checkbox"/> Plug Back TD _____ Plug Off Zone	2295	COMMON	132	2% GEL, 3% POZ, 55# NOSEAL

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

RECEIVED
MAY 26 2011
KCC WICHITA

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: <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 type="checkbox"/> Commingled <i>(Submit ACO-5) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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ALLIED CEMENTING CO., LLC. 043818

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

SERVICE POINT: Oakley

DATE <u>5-3-11</u>	SEC <u>18</u>	TWP <u>14</u>	RANGE <u>31</u>	CALLED OUT	ON LOCATION	JOB START <u>6:30pm</u>	JOB FINISH <u>7:00pm</u>
LEASE <u>Groom</u>	WELL # <u>1</u>	LOCATION <u>Oakley 20s 2E</u>			COUNTY <u>Gove</u>	STATE <u>Ks</u>	
OLD OR <input checked="" type="radio"/> NEW (Circle one)				<u>W.N. EINTO</u>			

CONTRACTOR W+U #2

TYPE OF JOB Sur Face

HOLE SIZE 12 1/4 T.D. 221'

CASING SIZE 8 5/8 DEPTH 221'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 15

PERFS. _____

DISPLACEMENT 13.12 BBL

EQUIPMENT

PUMP TRUCK # 423-281 CEMENTER Andrew

BULK TRUCK # 354 HELPER Jerry

BULK TRUCK # _____ DRIVER wes

BULK TRUCK # _____ DRIVER _____

REMARKS:

Cement did circulate

CHARGE TO: Pioneer Resources

STREET _____

CITY _____ STATE _____ ZIP _____

To Allied Cementing Co., LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) 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 and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Jonnie Lang

SIGNATURE [Signature]

OWNER same

CEMENT AMOUNT ORDERED 165 sks com

3% cc 2% gel

COMMON <u>165 sks</u>	@ <u>16.25</u>	<u>2681.25</u>
POZMIX _____	@ _____	_____
GEL <u>3 sks</u>	@ <u>21.25</u>	<u>63.75</u>
CHLORIDE <u>6 sks</u>	@ <u>58.20</u>	<u>349.20</u>
ASC _____	RECEIVED @ _____	_____
MAY 26 2011		
KCC WICHITA		
HANDLING <u>174 sks</u>	@ <u>2.25</u>	<u>391.50</u>
MILEAGE <u>118 sk/mile</u>	_____	<u>421.08</u>
		TOTAL <u>3906.78</u>

SERVICE

DEPTH OF JOB 221'

PUMP TRUCK CHARGE _____ 1125.00

EXTRA FOOTAGE _____ @ _____

MILEAGE 22 miles x 2 @ 7.00 308.00

MANIFOLD head @ _____ 200.00

Lght vehicle @ 4.00 126.00

TOTAL _____

PLUG & FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS

ALLIED CEMENTING CO. LLC. 038744

ATTN: P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Crescent Bend KS

DATE <u>5-11-11</u>	SEC <u>18</u>	TWP. <u>14S</u>	RANGE <u>31W</u>	CALLED OUT	ON LOCATION	JOB START <u>9:30pm</u>	JOB FINISH <u>10:30pm</u>
LEASE <u>Groom</u>	WELL# <u>1</u>	LOCATION <u>Oadeley KS 20 South 7 East</u>			COUNTY <u>Logan</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)			<u>1/2 North E into</u>				

CONTRACTOR W-W-Drilling LLC Rig #17
 TYPE OF JOB Rotary plug
 HOLE SIZE 7 7/8 T.D. 4600
 CASING SIZE _____ DEPTH _____
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE 4 1/2 DEPTH 2295
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT Fresh water / Rig mud

OWNER Pioneer Resources
 CEMENT
 AMOUNT ORDERED 220sa 60/140 4% gel
1/4 x 10

EQUIPMENT
 PUMP TRUCK CEMENTER Bobby Roller
 # 224 HELPER Bobby Roller
 BULK TRUCK
 # 341 DRIVER Tom H / Larry S
 BULK TRUCK
 # _____ DRIVER _____

COMMON	<u>132</u>	@	<u>16.25</u>	<u>2145.00</u>
POZMIX	<u>88</u>	@	<u>8.50</u>	<u>748.00</u>
GEL	<u>8</u>	@	<u>21.25</u>	<u>170.00</u>
CHLORIDE		@		
ASC		@		
	<u>55# No seal</u>	@	<u>2.70</u>	<u>148.50</u>
	<u>RECEIVED</u>	@		
	<u>MAY 26 2011</u>	@		
	<u>KCC WICHITA</u>	@		
		@		
HANDLING	<u>230</u>	@	<u>2.25</u>	<u>517.50</u>
MILEAGE	<u>230 x 22 x .11</u>			<u>556.00</u>
TOTAL				<u>4285.00</u>

REMARKS:

1st plug at 2295 Et max 2352
2nd plug at 1300 Et max 10052
3rd plug at 270 Et max 4052
4th plug at 40 Et max 1052
RH mid 3052
MH mid 1552

CHARGE TO: Pioneer Resources
 STREET _____
 CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB	<u>2295</u>			
PUMP TRUCK CHARGE				<u>1250.00</u>
EXTRA FOOTAGE		@		
MILEAGE	<u>44</u>	@	<u>7.00</u>	<u>308.00</u>
MANIFOLD		@		
<u>light truck</u>	<u>44</u>	@	<u>4.00</u>	<u>176.00</u>
TOTAL				<u>1734.00</u>

PLUG & FLOAT EQUIPMENT

<u>Wood Plug</u>	@	<u>92.00</u>	<u>92.00</u>
	@		
	@		
	@		
TOTAL			<u>92.00</u>

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PRINTED NAME Jay Schneider
 SIGNATURE [Signature]
Thank You

SALES TAX (If Any) _____
 TOTAL CHARGES [Scribble]
 DISCOUNT [Scribble] IF PAID IN 30 DAYS