



KANSAS CORPORATION COMMISSION 1057355
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 Hehmann
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: _____
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 #: _____
7/15/2010 7/20/2010 8/25/2010
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-189-22739-00-00

Spot Description: _____
SE SE SW NW Sec. 3 Twp. 32 S. R. 39 East West
2520 Feet from North / South Line of Section
1250 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Stevens

Lease Name: Close Well #: 4-3

Field Name: _____

Producing Formation: Chase/Council Grove

Elevation: Ground: 3235 Kelly Bushing: 11

Total Depth: 3022 Plug Back Total Depth: 2946

Amount of Surface Pipe Set and Cemented at: 633 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: 4000 ppm Fluid volume: 1200 bbls

Dewatering method used: Evaporated

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 Garboc Date: 06/09/2011



1057355

Operator Name: Pioneer Natural Resources USA, Inc. Lease Name: Close Well #: 4-3
 Sec. 3 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 <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: NEURON	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Attached Attached Attached
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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	12.25	8.6250	24	648	POZ/Class G	370	
Production	7.875	5.5	15.5	3013	POZ/Class G	532	

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: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. 10/4/2010		Producing Method: <input checked="" 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 checked="" type="checkbox"/> Commingled <i>(Submit ACO-5) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
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Well Name	Close 4-3
Doc ID	1057355

Tops

Glorieta	1184	KB
Hollenberg	2366	KB
Herington	2376	KB
Krider	2406	KB
Towanda	2525	KB
Ft. Riley	2578	KB
A1 Lime	2707	KB
B1 Lime	2764	KB
B2 Lime	2790	KB
Base B2 Lime	2801	KB

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Perforations

3	Chase	Shot & Fractured	2567-2578
3	Chase	Shot & Fractured	2614-2642
3	Council Grove	Shot & Fractured	2707-2716
3	Council Grove	Shot & Fractured	2721-2724
3	Council Grove	Shot & Fractured	2786-2790
3	Council Grove	Shot & Fractured	2794-2806
3	Council Grove	Shot & Fractured	2818-2825

CEMENTING TREATMENT REPORT

TREATMENT NUMBER	50201018	DATE	7/16/2010
STAGE	1	JOB TYPE	Surface

WELL NAME AND NO.	Close 4-3	LOCATION (LEGAL)	Sec. 3, T32S, R39W	RIG NAME:	Preger Natural Resources Rig # 3	CEMENT PUMPER:	2005
FIELD	Hogwood-Panama	FORMATION		WELL DATA		BTM	PT TOP PT
COUNTY	Stevens	STATE	Kansas	API NO.	15-189-22739-00-00		

RIG FOREMAN: Derrick Berry/Tom Heardsley
 CEMENT SUPERVISOR: Sam Owens

BIT SIZE	12 1/4	CSG/Inner Size	8 5/8				
TOTAL DEPTH	658	WEIGHT	24				
MUD TYPE		FOOTAGE	590.84				
	<input type="checkbox"/> BHST	GRADE	J-55				
	<input type="checkbox"/> BHCT	THREAD	L7&C				
MUD DENSITY		DISP. CAPACITY	38.5				TOTAL: 38.5

SPECIAL INSTRUCTIONS

TYPE	DEPTH	TYPE	DEPTH
TYPE	DEPTH	TYPE	DEPTH

LIFT PRESSURE: 250 psi
 PRESSURE LIMIT: 1200 psi

Head & Plug: TBS B.P.
 Double Box 6 WEIGHT
 Single GRADE
 Swage THREADS
 Knockout New Used
 DEPTH

NO. of Centralizers: 4
 BUMP PLUG TO: 900
 CEMENT TEMPERATURE: 80
 WATER QUALITY: 8 ppt
 ANNUAL VOLUME: 320 SG
 TEMP: 76

TIME (0001 to 2400)	PRESSURE (FBG)	CSG	VOLUME PUMPED (DCR)	CUM	RATE	FLUID TYPE	DENSITY	DESCRIPTION
12:29								Pre job safety meeting.
12:34					0.5	H2O	8.3	Test Pumps and Lines.
12:39	80	20			4	H2O	8.3	Pump H2O ahead.
12:45	60	74			4	CMT	12.5	Mix and pump lead cement @ 12.5 ppg.
13:05	60	38			4	CMT	15	Mix and pump tail cement @ 15 ppg.
13:16								Shut down and drop top plug.
13:17	220	38.5			5	H2O	8.3	Pump displacement.
13:27	900				2	H2O		Bump plug and check floats. (Did not hold)
13:32	1000				2	H2O	8.3	Bump plug and check floats. (Did not hold.)
13:36	1200				2	H2O	8.3	Bump plug and check floats. (Held O.K.)
								Call Outs 10 Bbls 110 Psi. 20 Bbls 150 Psi 30 Bbls. 150 Psi. Final 250 Psi. Bumped @ 900 psi.
								Well circulated cement at 7 bbls tail cement away.
								Pumped 45 bbls good cement to the pit.
22:30								Post job safety meeting.

Hydrate Level	Sacks	Yield lb/sk	COMPOSITION OF SYSTEM		MURRY MIXED	
			SEC	Surface Cement	BBL'S	DENSITY
	200	2.06			74	12.5
	170	1.25			38	15

CIRCULATION: Yes No
 WASHED CASING DOWN: Yes No
 RETURNED TO SURFACE: 45 Bbls
 BREAKDOWN BEFORE PLUG BUMP PRESSURE: 250 PSI
 FINAL PRESSURE: 900 PSI
 RATE: 2 RPM

