

KANSAS CORPORATION COMMISSION
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

original
ORIGINAL

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 # 33793
Name: H2 Drilling LLC
Wellsite Geologist: Richard Bell
Purchaser: Coffeyville Resources

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 #: _____

<u>1-16-11</u>	<u>1-27-11</u>	<u>2-25-11</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 063-21885-00-00
Spot Description: _____
NW SE NE SE Sec. 6 Twp. 14 S. R. 31 East West
1,728 Feet from North / South Line of Section
452 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Gove
Lease Name: HBP Well #: 1
Field Name: wildcat
Producing Formation: Johnson
Elevation: Ground: 2940 Kelly Bushing: 2951
Total Depth: 4758 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 239 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 2442
feet depth to: surface w/ 175 sx cmt.

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. _____
County: _____ Permit #: _____

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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: 10-11-11

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: Dg Date: 10/11/11

Operator Name: Pioneer Resources Lease Name: HBP Well #: 1
 Sec. 6 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 Wire-line 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: DiL/ Micro	<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>anhy</td> <td>2435</td> <td>+516</td> </tr> <tr> <td>Heeb</td> <td>3957</td> <td>-1004</td> </tr> <tr> <td>Lans</td> <td>4000</td> <td>-1047</td> </tr> <tr> <td>Paw</td> <td>4437</td> <td>-1486</td> </tr> <tr> <td>Johnson</td> <td>4564</td> <td>-1613</td> </tr> <tr> <td>Miss</td> <td>4620</td> <td>-1669</td> </tr> <tr> <td>TD</td> <td>4758-</td> <td>-1807</td> </tr> </table>	Name	Top	Datum	anhy	2435	+516	Heeb	3957	-1004	Lans	4000	-1047	Paw	4437	-1486	Johnson	4564	-1613	Miss	4620	-1669	TD	4758-	-1807
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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	8 5/8	23	239	common	175	2%Gel 3% Chlor
Prod	7 7/8	5 1/2	15	4748	standard	175	Flocele, Calseal

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	2442 to surface	SMD	300	Floceal/Calseal

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
4spf	4565-4570	250galMDA, 1500 gal 15%NE	

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TUBING RECORD: Size: <u>2 7/8</u> Set At: <u>4669</u> Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>2-25-11</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>100</u>	Gas Mcf	Water Bbls. <u>0</u>
			Gas-Oil Ratio <u>35</u>
			Gravity <u>35</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 <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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JOB LOG

SWIFT Services, Inc.

DATE: 1-27-11 PAGE NO. 1

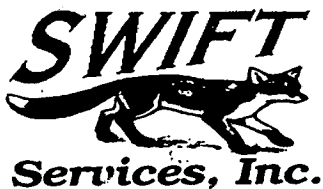
CUSTOMER: Pioneer Resources WELL NO. D K LEASE: ~~KCS~~ HBP JOB TYPE: 2-stage TICKET NO. 19522

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0900							on loc w/ FE
								RTD 4757'
								5 1/2" x 15.5" x 4760' x 42'
								Cen. 3, 4, 5, 7, 11, 116, 14, 16, 18, 20, 56
								Base 21, 57
								DV Tool. 57 @ 2435'
	1230							Start FE
	1345							Break Circ.
	1710	4.5	0			200		Start Preflushes 500 gal Mud flush
	1718	5.5	32/0			250		Start Cement 175 sks EA-2
	1725		42					End Cement
								Wash P/L Drop LD Plug
	1750	6	0			700		Start Displacement w/
	1806	6	60			150		Mud
	1805	5	87			250		Catch Cement
	1810		112			650/1400		Land Plug
								Release Pressure Float Held
								Drop Opening Plug
	1825					1100		Open DV
								Circ 2 hrs
	2110	2.5 7/5						Plug RHMH 30/20 sks SMD
	2120	4.5	0			150		Start KCL flush 20 bbl
	2124	5.5	20/0			150		Start Cement
	2154		140					End Cement
								Drop Plug Closing Plug
	2200	5	0			100		Start Displacement
	2201	5	4			150		Catch cement
		5	0					Circ Cement
			58			600/1600		Land Plug
								Release Pressure
								D.V. Closed
								Circ 100 sks to pit
								Garth Hodge

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Thank you
Nick, Josh P., John, Rob



CHARGE TO: Pioneer Resources
 ADDRESS: _____
 CITY, STATE, ZIP CODE: _____

TICKET 19522
 PAGE 1 OF 2

SERVICE LOCATIONS: 1. Hays, Ks. WELL/PROJECT NO. #4 LEASE #DDP COUNTY/PARISH Go Grove STATE Ks CITY _____ DATE 1-27-11 OWNER Same
 2. Ness City, Ks. TICKET TYPE SERVICE CONTRACTOR H-2 Dmlg #2 RIG NAME/NO. _____ SHIPPED VIA CH DELIVERED TO Location ORDER NO. _____
 3. WELL TYPE oil WELL CATEGORY Development JOB PURPOSE 2-stage WELL PERMIT NO. _____ WELL LOCATION _____
 4. REFERRAL LOCATION _____ INVOICE INSTRUCTIONS _____

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF		QTY.	U/M	QTY.	U/M	
575		1			MILEAGE #111	75	mi	5	00	375 00
579		1			Pump Charge (2-stage)	1	ea	4757	00	1750 00
221		1			KCL	4	gal	25	00	100 00
281		1			Mud Flush	500	gal	1	00	500 00
290		1			D-Air	5	gal	35	00	175 00
402		1			Centralizer	12	ea	5 1/2	00	660 00
403		1			Basket	2	ea	200	00	400 00
407		1			Insert Float Shoe w/fill	1	ea	275	00	275 00
408		1			D.V. Tool w/ Plug Set	1	ea	2600	00	2600 00
411		1			Recipr scratcher	30	ea	45	00	1350 00
417		1			D.V. L.D. Plug & Baffle	1	ea	200	00	200 00
580		1			Add. Hrs	2	hrs	200	00	400 00

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.
 MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS
 X DATE SIGNED 1-27-11 TIME SIGNED _____
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REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				PAGE TOTAL 1 9785 00
WE UNDERSTOOD AND MET YOUR NEEDS?				page 2 10044 00
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				sub total 18829 00
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				Gole TAX 7.3% 1009 04
ARE YOU SATISFIED WITH OUR SERVICE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL 19,838 04
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.
 SWIFT OPERATOR Mike Pabe APPROVAL [Signature]
 Thank You!