

**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**

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: David Williams
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 #: _____

7-19-11 7-24-11 7-25-11
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 147-20648-00-00

Spot Description: _____
SE SW NE SE Sec. 3 Twp. 3 S. R. 19 East West
1,630 Feet from North / South Line of Section
930 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Phillips

Lease Name: Miller Well #: 1

Field Name: Wildcat

Producing Formation: _____

Elevation: Ground: 2101 Kelly Bushing: 2106

Total Depth: 3675 Plug Back Total Depth: 3675

Amount of Surface Pipe Set and Cemented at: 217 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: air dry

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

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

County: _____ Permit # **RECEIVED**

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INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 1305 Market Street, 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: 11-5-11

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: PLA Dg Date: 11/15/11

Operator Name: Pioneer Resources Lease Name: Miller Well #: 1
 Sec. 3 Twp. 3 S. R. 19 East West County: Phillips

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: sonic,dil,dcpl,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>anyh</td> <td>1649</td> <td>+457</td> </tr> <tr> <td>Top</td> <td>3058</td> <td>-952</td> </tr> <tr> <td>Heeb</td> <td>3228</td> <td>-1122</td> </tr> <tr> <td>Lans</td> <td>3274</td> <td>-1168</td> </tr> <tr> <td>Arb</td> <td>3635</td> <td>-1529</td> </tr> <tr> <td>TD</td> <td>3675</td> <td>-1569</td> </tr> </table>	Name	Top	Datum	anyh	1649	+457	Top	3058	-952	Heeb	3228	-1122	Lans	3274	-1168	Arb	3635	-1529	TD	3675	-1569
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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	217	common	150	3%CC 2%gel

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input checked="" type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	anyh to surface	common	230	60/40 4%gel flo seal

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

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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 Bbbs.	Gas Mcf	Water Bbbs. 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)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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ALLIED CEMENTING CO., LLC. 039666

J. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

Russell Ks.

DATE <u>11-19-2011</u>	SEC. <u>3</u>	TWP. <u>3 S</u>	RANGE <u>19 W</u>	CALLED OUT	ON LOCATION	JOB START <u>9:30 PM</u>	JOB FINISH <u>10:00 PM</u>
LEASE <u>Miller</u>	WELL # <u>1</u>	LOCATION <u>Phillips Bura. Ks. V1/4 ON 36 Hwy</u>			COUNTY <u>Phillips</u>	STATE <u>KANSAS</u>	
OLD OR <input checked="" type="checkbox"/> NEW <input type="checkbox"/> (Circle one)				<u>To Speed Rd. 1N 1W 1/4 W 1/2 N 1/2 E</u>			

CONTRACTOR W-W Data. Rig # 8 OWNER _____

TYPE OF JOB Cement Surface

HOLE SIZE 12 1/4 I.D. 2 1/8

CASING SIZE 8 5/8 new DEPTH 2 1/8

TUBING SIZE #CSG DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 15'

PERFS: _____

DISPLACEMENT 13 / BBL

EQUIPMENT _____

CEMENT	AMOUNT ORDERED	<u>150 SX Com</u>	
		<u>3% cc + 2% Gel</u>	
COMMON	<u>150</u>	@ <u>16.25</u>	<u>2437.50</u>
POZMIX		@	
GEL	<u>3</u>	@ <u>21.25</u>	<u>63.75</u>
CHLORIDE	<u>5</u>	@ <u>58.20</u>	<u>291.00</u>
ASC		@	
		@	
		@	
		@	
		@	
		@	
		@	
		@	
HANDLING	<u>15</u>	@ <u>2.25</u>	<u>337.50</u>
MILEAGE	<u>111.5</u>	@ <u>1.10</u>	<u>1226.50</u>
TOTAL			<u>4243.50</u>

PUMP TRUCK CEMENTER G/ANN

417 HELPER WOODY

BULK TRUCK

479 DRIVER RON

BULK TRUCK

_____ DRIVER _____

REMARKS:

Req 5 New ITS OF 23# 8 5/8 CSG.

Set @ 2 1/8

SERVICE

DEPTH OF JOB			
PUMP TRUCK CHARGE			<u>1125.00</u>
EXTRA FOOTAGE	@		
MILEAGE	<u>140</u>	@ <u>7.00</u>	<u>980.00</u>
MANIFOLD	@		
<u>140</u>	@ <u>4.00</u>		<u>560.00</u>
	@		

CHARGE TO: Pioneer Resources DBA/Boyer WMS

STREET _____

CITY _____ STATE _____ ZIP _____

TOTAL 2665.00

PLUG & FLOAT EQUIPMENT

	@		
	@		
	@		
	@		
	@		

TOTAL _____

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 Sid Deutscher

SIGNATURE [Signature]

SALES TAX (if Any) _____

TOTAL CHARGES _____

DISCOUNT 50/20 IF PAID IN 30 DAYS

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ALLIED CEMENTING CO., LLC. 035796

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

SERVICE POINT:
Russell, KS

DATE <u>7-24-11</u>	SEC. <u>3</u>	TWP. <u>3S</u>	RANGE <u>19W</u>	CALLED OUT	ON LOCATION	JOB START <u>3:00am</u>	JOB FINISH <u>4:00pm</u>
LEASE <u>Miller</u>	WELL# <u>1</u>	LOCATION <u>5W Phillipsburg 1N 1W</u>		COUNTY <u>Phillips</u>	STATE <u>KS</u>		
OLD OR <input checked="" type="checkbox"/> NEW (Circle one)		11W Winto					

CONTRACTOR WOW Drilling
 TYPE OF JOB PTA Rotary Plug
 HOLE SIZE T.D. 36.35
 CASING SIZE _____ DEPTH _____
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH 36.34
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT _____

OWNER _____
 CEMENT AMOUNT ORDERED 230x60/40
4% Grel
1/2" per ft 10-seal
 COMMON 138 @ 16.25 2242.50
 POZMIX 92 @ 8.50 782.00
 GEL 8 @ 21.25 170.00
 CHLORIDE _____ @ _____
 ASC _____ @ _____
 _____ @ _____
Fl. Seal 57# @ 2.70 153.90
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING 238 @ 2.25 535.50
 MILEAGE 11.154/mi 1832.60
 TOTAL 5716.50

EQUIPMENT
 PUMP TRUCK CEMENTER Heath
 # 409 HELPER Todd
 BULK TRUCK
 # 473 DRIVER Nick-Troy
 BULK TRUCK
 # _____ DRIVER _____

REMARKS:
25SX @ 36.34
25SX @ 1166.5
100SX @ 1055
40SX @ 270
30SX @ Rot Hole
Thanks !!

CHARGE TO: Pioneer Resources
 STREET 80 windmill
 CITY Phillipsburg STATE KS ZIP 67661

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 Sid Deutscher
 SIGNATURE Sid Deutscher

SERVICE
 DEPTH OF JOB: _____
 PUMP TRUCK CHARGE _____ 1250.00
 EXTRA FOOTAGE _____ @ _____
 MILEAGE 140 @ 7.00 980.00
 MANIFOLD _____ @ _____
cut 140 @ 4.00 560.00
 TOTAL 2790.00

PLUG & FLOAT EQUIPMENT
wood plug _____ N-C
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 TOTAL N-C

SALES TAX (if Any) _____
 TOTAL CHARGES _____
 DISCOUNT 20/50 IF PAID IN 30 DAYS

70 MI HAYS

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 NOV 08 2011
 KCC WICHITA