

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Original
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: Cliff Ottaway
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 #: _____

2-11-12	2-17-12	3-20-12
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 147-20866-00-00
Spot Description: _____
NE SE SW SE Sec. 3 Twp. 3 S. R. 19 East West
521 Feet from North / South Line of Section
1,535 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Phillips
Lease Name: Miller Well #: 2
Field Name: Wildcat
Producing Formation: LKC
Elevation: Ground: 2054 Kelly Bushing: 2059
Total Depth: 3644 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 218 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 1602 Feet
If Alternate II completion, cement circulated from: 1602
feet depth to: surface w/ 150 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
JUN 04 2012

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market Room 2878, 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: 6-1-12

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: 6/13/12

ALLIED CEMENTING CO. LLC. 034590

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

SERVICE POINT
Dakley

DATE <i>2-17-12</i>	SEC. <i>3</i>	TWP. <i>3</i>	RANGE <i>19</i>	CALLED OUT	ON LOCATION <i>6:30 PM</i>	JOB START <i>10:00 PM</i>	JOB FINISH <i>11:00 PM</i>
LEASE <i>Miller</i>	WELL# <i>#2</i>	LOCATION <i>Phillipsburg SW 1N 1W 1N</i>			COUNTY <i>Phillips</i>	STATE <i>KS</i>	
OLD OR <input checked="" type="checkbox"/> NEW (Circle one)		WELL NAME <i>1/2W X into</i>					

CONTRACTOR <i>WW-8</i>	OWNER <i>Same</i>
TYPE OF JOB <i>Production Port Collar</i>	
HOLE SIZE <i>7 7/8</i>	T.D. <i>3648</i>
CASING SIZE <i>4 1/2</i>	DEPTH <i>3648.77</i>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL <i>Port Collar</i>	DEPTH <i>1606.84</i>
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT <i>22.22</i>
CEMENT LEFT IN CSG. <i>22.22</i>	
PERFS.	
DISPLACEMENT <i>56.21</i>	

CEMENT	
AMOUNT ORDERED <i>150 SKS ASC 10% Salt 28gal 500gal WFR2</i>	
COMMON	@
POZMIX	@
GEL	@
CHLORIDE	@
ASC <i>150 SKS</i>	@ <i>19.00</i> \$ <i>2850.00</i>
<i>Salt 14 SKS</i>	@ <i>23.93</i> \$ <i>335.22</i>
<i>Gel 3 SKS</i>	@ <i>21.25</i> \$ <i>63.75</i>
<i>WFR-2 500gal</i>	@ <i>1.27</i> \$ <i>635.00</i>
HANDLING <i>175 SKS</i>	@ <i>2.25</i> \$ <i>393.75</i>
MILEAGE <i>119 Per mile</i>	@ <i>7.40</i> \$ <i>880.60</i>
TOTAL	\$ <i>5683.25</i>

EQUIPMENT	
PUMP TRUCK # <i>431</i>	CEMENTER <i>Lakene</i>
	HELPER <i>Darren</i>
BULK TRUCK # <i>404</i>	DRIVER <i>Ethan</i>
BULK TRUCK #	DRIVER

REMARKS:
mix 500gal WFR2
mix 150 SKS ASC
Displace with water
Land Plug at 1650 lbs
Float Held

Thank You

SERVICE	
DEPTH OF JOB <i>3648.77</i>	
PUMP TRUCK CHARGE	\$ <i>2225.00</i>
EXTRA FOOTAGE	@
MILEAGE <i>73</i>	@ <i>7.00</i> \$ <i>511.00</i>
MANIFOLD <i>Head</i>	@ <i>200.00</i>
<i>LU mileage</i>	@ <i>4.00</i> \$ <i>292.00</i>
TOTAL	\$ <i>3228.00</i>

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.

PLUG & FLOAT EQUIPMENT	
<i>1- AFU Float shoe</i>	\$ <i>327.00</i>
<i>1- Latch Down Plug</i>	@ <i>233.00</i>
<i>1- Port Collar</i>	@ <i>2485.00</i>
<i>8- Centralizers</i>	@ <i>48.00</i> \$ <i>384.00</i>
<i>2- Baskets</i>	@ <i>270.00</i> \$ <i>540.00</i>
<i>36- Recip. Scrapers</i>	@ <i>118.00</i> \$ <i>4248.00</i>
TOTAL	\$ <i>8217.00</i>

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME: *Robert L. DeLong*

SIGNATURE: *[Signature]*

RECEIVED
JUN 04 2012
KCC WICHITA



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

CATERPILLAR
FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 34418
LOCATION Oakley, KS
FOREMAN Kelly Gabel

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-14-12	6308	Miller #2	3	35	19W	Phillips
CUSTOMER <u>Pioneer Res.</u>		Mailing Address <u>177 Limestone Rd</u>		CITY <u>Phillipsburg</u>		STATE <u>KS</u>
Mailing Address <u>177 Limestone Rd</u>		CITY <u>Phillipsburg</u>		STATE <u>KS</u>	ZIP CODE <u>67661</u>	
JOB TYPE <u>Portcollar</u>		HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT <u>4 1/2" 10.5#</u>		
CASING DEPTH		DRILL PIPE	TUBING <u>Plug @ 2841'</u>	OTHER <u>PC @ 1602'</u>		
SLURRY WEIGHT <u>11²</u>		SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING		
DISPLACEMENT <u>5 bbl</u>		DISPLACEMENT PSI	MIX PSI	RATE		

REMARKS: Safety meeting, Rigged up on well, circulated hole clean, pressured up to tool to 1200#, spotted sand, let drop 15 min, spotted 6 1/4 bbl mud, opened Portcollar, circulated 2 1/2 bbl mud, switched over mixed 325 sks 60/40 Poz 890 gel #3 1/4# Flo-seal, displaced with 5 bbl water, closed tool, pressured tool to 1200#, ran 5 TS, reversed out, went and washed sand off Plug, washed out pumps & lines, rigged down & left location.

*Thank You
Kelly's crew*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401B	1	PUMP CHARGE	1695 ⁰⁰	1695 ⁰⁰
5406	75	MILEAGE	5 ⁰⁰	375 ⁰⁰
1131	325 sks	60/40 Poz	15 ¹⁰	4907 ⁵⁰
118B	2236 #	Bentonite	.25	559 ⁰⁰
1107	81.25 #	Flo-seal	282	22913
5407A	13.8	Ton mileage delivery	167	172845
2101A	160 #	sand	.27	4320
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				KCC WICHITA
				9537 ³⁸
				953 ⁷³
				8583 ⁵⁵
				248393
				SALES TAX 321 ²²
				ESTIMATED TOTAL 8934 ²⁷

AVIN 3737
3.00 PM
AUTHORIZATION [Signature] TITLE _____ DATE 3-14-12

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.