

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACD-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

Operator: License # 9663

Name: PIONEER EXPLORATION COMPANY

Address P.O. BOX 691007

City/State/Zip HOUSTON, TX 77269

Purchaser: TOTAL (OIL); WESTERN (GAS)

Operator Contact Person: ZAFAR ULLAH

Phone (713) 893-9400

Contractor: Name: _____

License: _____

Wellsite Geologist: _____

Designate Type of Completion
____ New Well ____ Re-Entry XX Workover

Oil ____ SWD ____ SIOG ____ Temp. Abd.
XX Gas ____ ENHR ____ SIGW ____
Dry ____ Other (Core, VSV, Expl., Cathodic, etc)

If Workover/Re-Entry: old well info as follows:

Operator: TEXAS COMPANY

Well Name: HOBBISIEFKEN #7

Comp. Date 5/11/51 Old Total Depth 4861

Deepening XX Re-perf. ____ Conv. to Inj. SWD
XX Plug Back CTBP @ 4511 w/1840

____ Comingled Docket No. _____

____ Dual Completion Docket No. _____

____ Other (SWD or Inj?) Docket No. _____

4/2/51 5/2/51 5/6/94

Spud Date Date Reached TD Completion Date

API NO. 15- N/A 191-10219-00-02

County: SUMNER

NE SE SW Sec. 3 Twp. 35S Rge. 3W

900 Feet from S (circle one) Line of Section

2310 Feet from E (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or S (circle one)

Lease Name HOBBISIEFKEN Well # 2-7

Field Name FALL CREEK

Producing Formation MISSISSIPPI

Elevation: Ground 1116 KB 1124

4861 Total Depth 4506 PBTD

Amount of Surface Pipe Set and Cemented at 588 Feet

Multiple Stage Cementing Collar Used? Yes XX No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sz cmt.

Drilling Fluid Management Plan REWORK JTH 9-22-94
(Data must be collected from the Reserve Plan)

Chloride content _____ ppm Fluid volume _____ bbls

Desulfaring method used _____

Location of fluid disposal if hauled offsite: _____

RECEIVED
STATE CORPORATION COMMISSION

JUN 27 1994

Conservation Division
Wichita, Kansas
Operator Name _____ License No. _____
Quarter Sec. _____ Twp. _____ S Rng. _____ E/W
County _____ Docket No. _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, 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 on 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.

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 _____
Title ENGINEER Date 5/12/94

Subscribed and sworn to before me this 12th day of May 19 94.

Notary Public _____
Date Commission Expires 2-24-97

K.C.C. OFFICE USE ONLY
F _____ Letter of Confidentiality Attached
C _____ Wireline Log Received
C _____ Geologist Reports Received
Distribution
_____ KCC _____ SWD/Rep _____ NGPA
_____ KGS _____ Plug _____ Other
(Specify)

Operator Name PIIONEER EXPLORATION COMPANY Lease Name HOBBS, KEN Well # 2-7

Sec. 3 Twp. 35S Rge. 3 East West County SUMNER

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken (Attach Additional Sheets.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	KANSAS CITY	3612	(-2488)
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MISSISSIPPI	4319	(-3195)
		VIOLA	4750	(-3626)
		SIMPSON	4762	(-3638)
List All E.Logs Run:	None			

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	15	10 3/4	32.75	588		450	
PRODUCTION	9	7	23.20	4816		500	
LINER	6 1/2	5 1/2	14	4831			

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 (Amount and Kind of Material Used)	Depth
2 SPF	4343-54, 4324-38	1000 GALS 15% Fe Acid	
	CIBP @ 4511'		

TUBING RECORD	Size	Set At	Packer At	Liner Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	2 3/8	4294	4294	

Date of First Resumed Production, SWD or Inj.	Producing Method
5/9/94	<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	Sbls.	Gas	Mcf	Water	Sbls.	Gas-Oil Ratio	Gravity
		0	250		0			

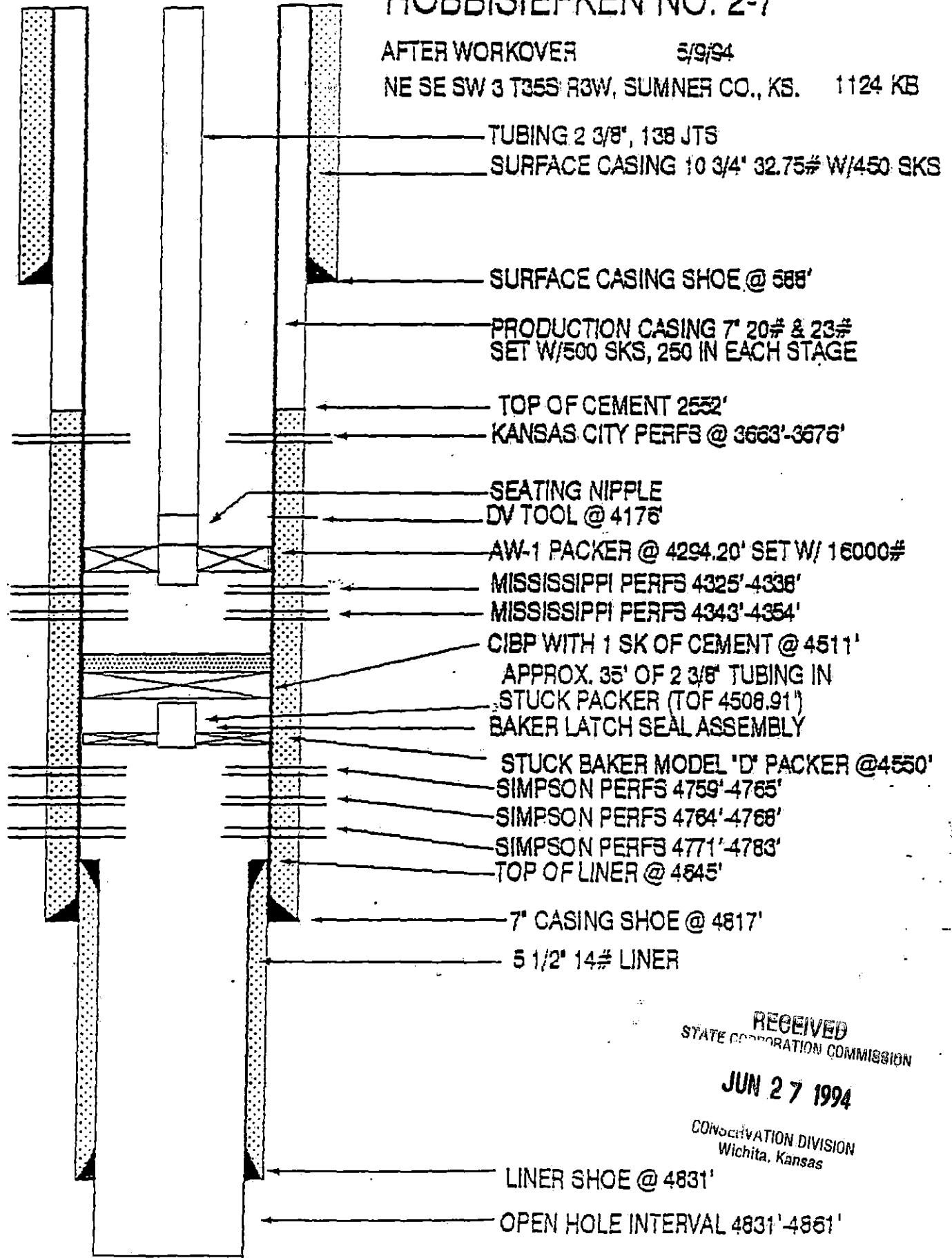
Disposition of Gas:	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled	4343-54
(If vented, submit ACD-18.)	<input type="checkbox"/> Other (Specify)	4324-38

HOBBISIEFKEN NO. 2-7

AFTER WORKOVER

5/9/94

NE SE SW 3 T35S R3W, SUMNER CO., KS. 1124 KB



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STATE CORPORATION COMMISSION

JUN 27 1994

CONSERVATION DIVISION
Wichita, Kansas