

FORM MUST BE TYPED

SIDE ONE

ORIGINAL

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-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 77269-1007

Purchaser: Total (Oil) Western (Gas)

Operator Contact Person: Zafar Ullah

Phone (713) 893-9400

Contractor: Name: King's Well Service

License: _____

Wellsite Geologist: None

Designate Type of Completion
 New Well Re-Entry Workover

Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

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

Operator: Texas Company

Well Name: Hobbisiefken #4

Comp. Date 11/26/50 Old Total Depth 4825

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back 4670' PBDT
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

1-17-94 1/12/54 1/17/94
Spud Date OF START Date Reached TD Completion Date OF WORKOVER

API NO. 15- NA 15-191-10222-00-02

County Sumner

SW - SW - SW Sec. 3 Twp. 35S Rge. 3 E W

330 Feet from (N) (circle one) Line of Section

330 Feet from (W) (circle one) Line of Section

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

Lease Name Hobbisiefken Well # 2-4

Field Name Fall Creek

Producing Formation Mississippi

Elevation: Ground 1117 KB 1126

Total Depth 4777 PBDT 4670

Amount of Surface Pipe Set and Cemented at 584 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 REWORK JH 10-6-94
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used _____

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease 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.

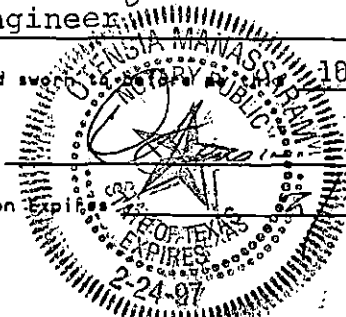
Signature Zafar Ullah

Title Engineer Date 5/10/94

Subscribed and sworn to before me this 10th day of MAY, 19 94

Notary Public Manassah

Date Commission Expires 2-24-97



K.C.C. OFFICE USE ONLY
F _____ Letter of Confidentiality Attached
C _____ Wireline Log Received
C _____ Geologist Report Received
Distribution
 KCC _____ SWD/Rep _____ KGA
 KGS _____ Plug _____ (Specify) _____
RECEIVED
MAY 23 1994
KANSAS CORPORATION COMMISSION
CONSERVATION DIVISION
Wichita, Kansas

PI

Operator Name Pioneer Exploration Co. Lease Name Hobbisiefken Well # 2-4
 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 Datums	<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	Stalnaker	3108	(-1982)
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Kansas City	3618	(-2492)
List All E.Logs Run:	<i>None</i>	Mississippi	4302	(-3176)
		Simpson	4732	(-3606)

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 1/2	10 3/4"	32.75	584		400	
Production	9	7"	20.23	4754		500	
Liner		5 1/2"	16	4823		75	Reg.

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 type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

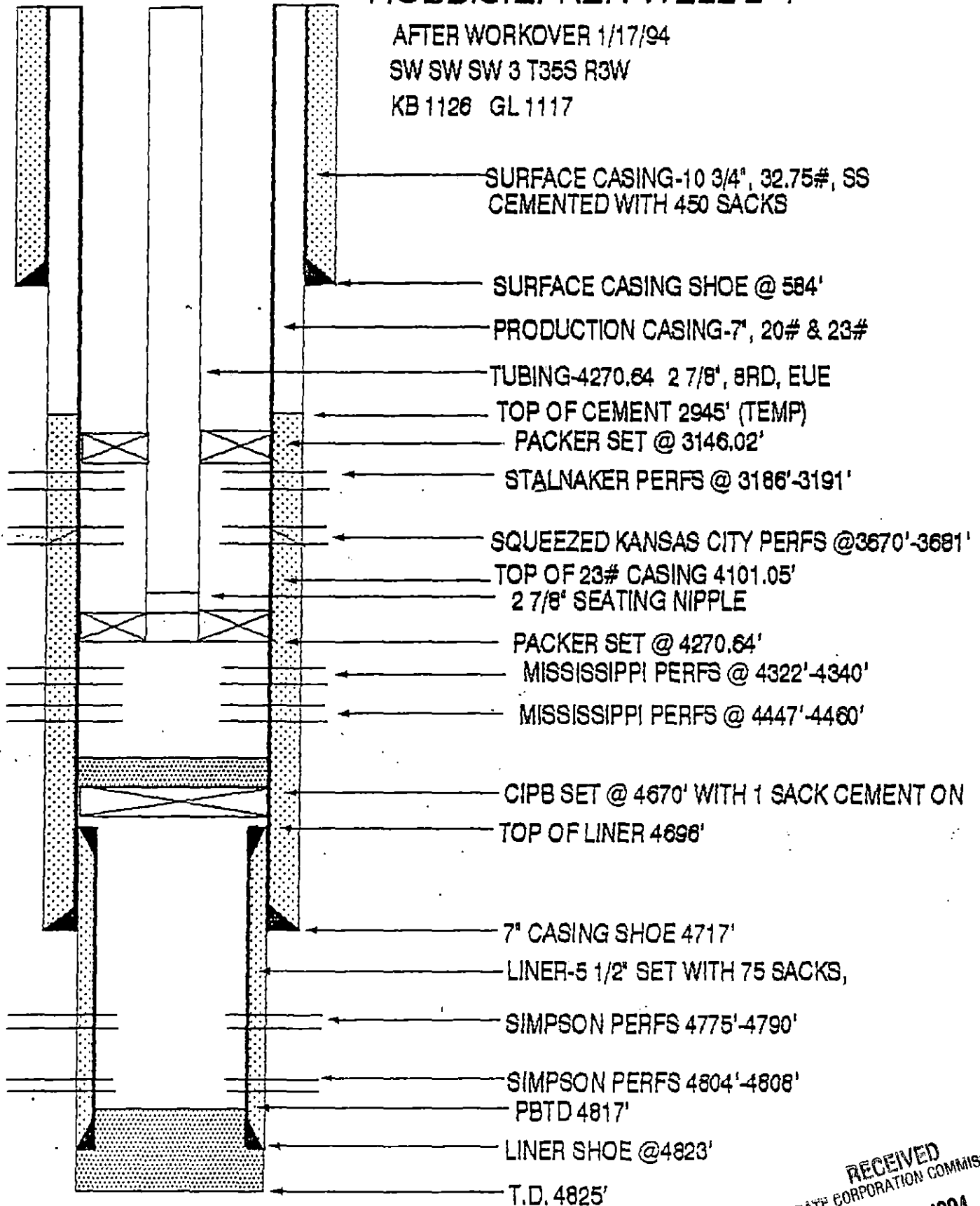
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
2 SPF	4447 - 4460, 4322-4340	1000 Gals 15% fe	
2 SPF	3186-3191	250 Gals Mud Acid	
	<i>CIBP @ 4670'</i>		

TUBING RECORD	Size <u>2.7/8</u>	Set At <u>4271</u>	Packer At <u>4271, 3146</u>	Liner Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj.	Producing Method <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
January 27, 1994				
Estimated Production Per 24 Hours	Oil <u>1</u> Bbls.	Gas <u>280</u> Mcf	Water <u>7</u> Bbls.	Gas-Oil Ratio <u>280,000</u>
				Gravity

Disposition of Gas:	<input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease	METHOD OF COMPLETION	Production Interval
(If vented, submit ACO-18.)	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled	<input type="checkbox"/> Other (Specify) _____	<u>4322-40</u>
			<u>4447-60</u>

HOBBISIEFKEN WELL 2-4

AFTER WORKOVER 1/17/94
SW SW SW 3 T35S R3W
KB 1126 GL 1117



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STATE CORPORATION COMMISSION
MAY 23 1994
CONSERVATION DIVISION
Wichita, Kansas