

FORM MUST BE TYPED

SIDE ONE

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: Kings 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: The Texas Company
Well Name: N.J. Peters #1
Comp. Date 12/21/50 Old Total Depth 4780
 Deepening Re-perf. Conv. to Inj/SWD
 Plug Back 4600 PBDT
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____
12-30-93 12/30/93
Spud Date of START Date Reached TO Completion Date of
OF WORKOVER WORKOVER

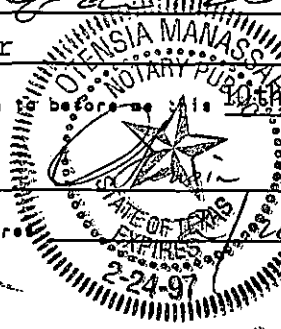
API NO. 15- 191-10232-00-01
County Sumner
NE NE NE NE Sec. 9 Twp. 35S Rge. 3 E/W
4950 Feet from N (circle one) Line of Section
330 Feet from W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)
Lease Name Schmitz Well # 3-1
Field Name Fall Creek
Producing Formation Mississippi
Elevation: Ground 1118' KB 1126
Total Depth 4780 PBDT 4600
Amount of Surface Pipe Set and Cemented at 583' 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 Pkt)

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 [Signature]
Title Engineer Date 5/10/94
Subscribed and sworn before me this 10th day of May, 1994.
Notary Public [Signature]
Date Commission Expires 2-24-97 97



K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Received
C Wireline Log Received
C Geologist Report Received
Distribution RECEIVED
MAY 23 1994
 KCC SWD/Rep NGPA
 KGS Plug CONSERVATION DIVISION
WICREC/KCS/KGS
PI

Operator Name Pioneer Exploration Company Lease Name Schmitz Well # 3-1

Sec. 9 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	3633	(-2507)
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mississippi	4328	(-3202)
List All E.Logs Run:		Viola	4729	(-3603)
		Simpson	4744	(-3618)

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	583		450	1% Gel
Production	9	7"	20.23	4772		500	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 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	4336-4356	500 Gals 15% Mud Acid	4336-73
2 SPF	4366-4373		
	<i>CIBP @ 4800'</i>		

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	2 3/8	4271	4271	

Date of First, Resumed Production, SWD or Inj. January 24, 1994 Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	1	320	5	320,000	

Disposition of Gas:	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (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>4336-4356</u> <u>4366-4373</u>

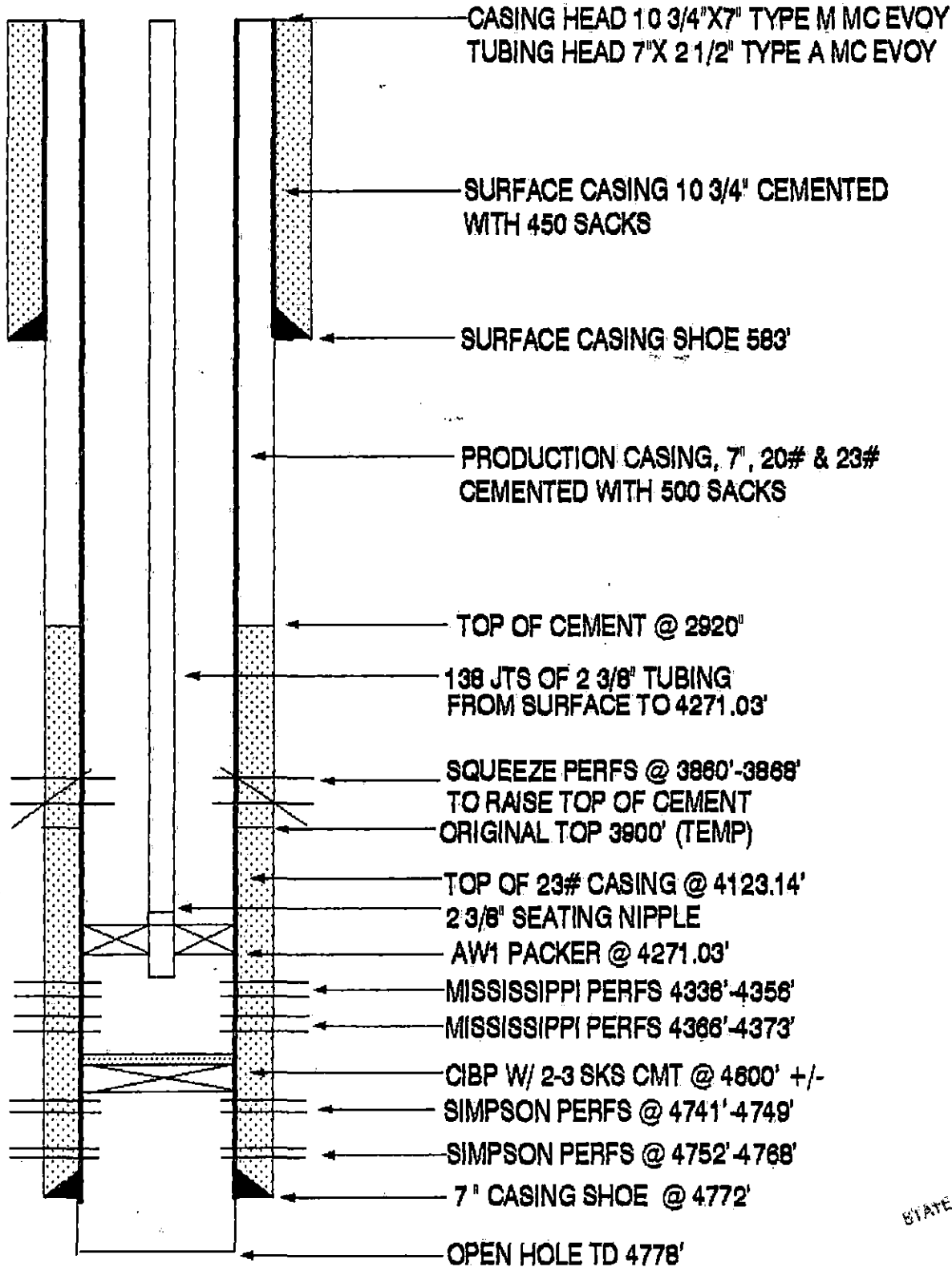
SCHMITZ 3-1

(N. J. PETERS #1)

AFTER WORKOVER (12/30/93)

NE NE NE SEC. 9-T35S-R3W

KB 1128



RECEIVED
 STATE CORPORATION COMMISSION
 MAY 23 1994
 CONSERVATION DIVISION
 Wichita, Kansas