

MUST BE TYPED

SIDE ONE

15-191-10243-00-03

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

API NO. 15-

(PRE-1967)

ORIGINAL

County SUMNER

NW NE NW Sec. 10 Twp. 35S Rge. 3 X

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

1650 Feet from E(W) (circle one) Line of Section

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

Lease Name HUDSON Well # 4-2

Field Name FALL CREEK

Producing Formation MISSISSIPPI

Elevation: Ground KB 11-23

Total Depth 4797 PBD 4650

Amount of Surface Pipe Set and Cemented at 584 Feet

Multiple Stage Cementing Collar Used? Yes X No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cnt.

Drilling Fluid Management Plan Rework JPK 4-30-97
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ bbls

De-watering 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. _____

Operator: License # 9663

Name: PIONEER EXPLORATION COMPANY

Address: P.O. BOX 681087

HOUSTON, TEXAS 77268-1087

City/State/Zip _____

Purchaser: SCURLOCK (OIL): WESTER (GAS)

Operator Contact Person: TIN M. WIN

Phone (713) 893-9400

Contractor: Name: _____

License: _____

Wellsite Geologist: None

Designate Type of Completion

New Well _____ Re-Entry X Workover _____

Oil _____ SWD _____ SIOW _____ Temp. Abd. _____

X Gas _____ ENHR _____ SIGW _____

Dry _____ Other (Core, WSM, Expl., Cathodic, etc) _____

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

Operator: TEXAS COMPANY

Well Name: FALL CREEK KC UNIT WELL #4-2

Comp. Date 04/20/51 Old Total Depth 4797

XXX RENAMED TO REFLECT ALTERED STATUS

Deepening X Re-perf. XXX Conv. to GAS WELL

XXX Plug Back CIBP @ 4650 PBD w/1 sk

Commingled _____ Docket No. _____

Dual Completion _____ Docket No. _____

Other (SWD or Inj?) Docket No. _____

1-2-97 01/06/97

Date of START Date Reached TD Completion Date of WORKOVER OF WORKOVER

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

Jim J. Wier

Title ENGINEER

Date 02/25/97

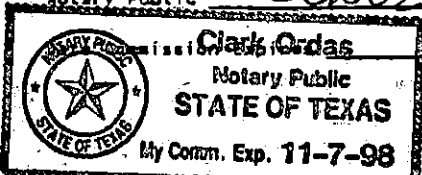
Subscribed and sworn to before me this 25TH day of FEBRUARY

19 97

Notary Public

Clark Ordas

11-07-98



K.C.C. OFFICE USE ONLY
F _____ Letter of Confidentiality Attached
C _____ Wireline Log Received
C _____ Geologist Report Received
KCC _____ Distribution _____ NSPA
KCS _____ (Specify)

PIONEER EXPLORATION COMPANY

SIDE TWO

Operator Name **JANIGRO**
 Sec. 10 Twp. 35S Rge. 3
 East
 West

Lease Name HUDSON Well # 4-2
 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 Yes No
 (Attach Additional Sheets.)
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy.)
 List All E.Logs Run:

Name	Formation (Top)	Depth	Datum	Sample
KANSAS CITY		3616	-2493	
MISSISSIPPI		4324	-3204	
SIMPSON		4762	-3639	

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	584		450	
PRODUCTION	9	7	23,20	4790		500 DVC	4228 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
	4790-4797 (OH), 4774-4780, 4765-4770		
	3670-3674, 3662-3666		
	4328-4332	500 gal, 15% MCA	

TUBING RECORD Size 2 3/8 Set At 4270 Packer At 4270 Liner Run Yes No

Date of First, Resumed Production, SWD or Inj. 01/26/97 Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours Oil 8bls. Gas Mcf Water 8bls. Gas-Oil Ratio Gravity

Disposition of Gas: Vented Sold Used on Lease (if vented, submit ACO-18.)

METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled Other (Specify)

Production Interval: