

ORIGINAL

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

API NO. 15- 191-102200002

County SUMNER

- SW - SE - SW Sec. 3 Twp. 35S Rge. 3 X W

330 Feet from SW (circle one) Line of Section

3630 Feet from SW (circle one) Line of Section

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

Lease Name HOBBISIEFKEN Well # 2-6

Field Name FALL CREEK

REPRESSURED
~~Reservoir~~ Formation KANSAS CITY

Elevation: Ground _____ KB 1123

Total Depth 4815' PBD 4050

Amount of Surface Pipe Set and Cemented at 586 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 cmt.

Drilling Fluid Management Plan REWORK 278 4-30-97
(Data must be collected from the Reserve Pit)

10-28-1996

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. _____

Operator: License # 9663

Name: PIONEER EXPLORATION COMPANY

Address P.O. BOX 681087

City/State/Zip HOUSTON, TEXAS 77268-1087

Purchaser: _____

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.

____ Gas XXX ENHR ____ SIGW

____ Dry ____ Other (Core, WSW, Expl., Cathodic, etc)

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

Operator: TEXAS COMPANY

Well Name: HOBBISIEFKEN #6

Comp. Date 3/2/51 Old Total Depth 4782

Deepening XXX Re-perf. X Conv. to In SWD
XXX Plug Back CIBP@4050 PBD w/1 sk

____ Commingled Docket No. _____

____ Dual Completion Docket No. _____

XXX Other (SWD or In) Docket No. E-14,630

10-6-96

3-13-97

~~Start~~ Date OF START Date Reached TO
OF WORKOVER

Completion Date 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.

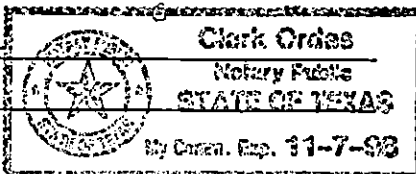
Signature [Signature]

Title Engineer Date 10/22/96

Subscribed and sworn to before me this 22nd day of October, 19 96.

Notary Public [Signature]

Date Commission Expires 11-07-98



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

Operator Name PIONEER EXPLORATION COMPANY Lease Name HOBBISTEKKEN Well # 2-6

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	Kansas City	3604	-2531
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mississippi	4290	-3167
List All E.Logs Run:		Simpson	4742	-3619

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	586		450	
Production	9	7"	23.20	4763		500	2% gel
LINER		5 1/2"	14	4820'		DVG 4202	

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 checked="" type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	4048'-4050'	Class "A"	1	None

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
	4742-4746, 4754-4760, 4764-82		
	4370-4380 CIBP @ 4050'		
1	3592-98, 3618-22, 3631-36, 3729-31, 3787-91		
1	4292-4302, 4306-18, 4328-42 3665-70, 3747-50, 3767-77, 3824-30		

TUBING RECORD	Size 2. 3/8	Set At 3600'	Packer At 3500	Liner Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Date of First, Resumed Production, SWD or Inj.	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)							
<u>4-3-97</u>								
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas:	METHOD OF COMPLETION	INJECTION	Production Interval
<input type="checkbox"/> Vented <input 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"/> Other (Specify) _____	<input type="checkbox"/> Commingled	<u>3592'-3636'</u> <u>3665'-3731'</u> <u>3747'-3830</u>