

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

API NO. 15- 191-16221-00-02
County SUMNER
NE SW SW Sec. 3 Twp. 35 S Rng. 3 XX

Operator: License # 9663

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

Name: PIONEER EXPLORATION COMPANY

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

Address P.O. BOX 691007

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

City/State/Zip Houston, Tx 77269

Lease Name HOBBISIEFKEN Well # 2-2

Purchaser: TOTAL (OIL); WESTERN (GAS)

Field Name FALL CREEK

Operator Contact Person: ZAFAR ULLAH

Producing Formation MISSISSIPPI

Phone (713) 893-9600

Elevation: Ground 1100 KB 1108

Contractor: Name: KINGS WELL SERVICE

Total Depth 4790 PSTD 4310

License: _____

Amount of Surface Pipe Set and Cemented at 564 Feet

Wellsite Geologist: None

Multiple Stage Cementing Collar Used? Yes XX No

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

If yes, show depth set _____ Feet

_____ Oil _____ SWD _____ SIOV _____ Temp. Abd.
X Gas _____ ENHR _____ SIGW
_____ Dry _____ Other (Core, VSW, Expl., Cathodic, etc)

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cat.

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

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

Operator: TEXAS COMPANY

Chloride content _____ ppm Fluid volume _____ bbls

Well Name: HOBBISIEFKEN #2

Dewatering method used _____

Comp. Date 10/5/50 Old Total Depth 4790

Location of fluid disposal if hatched _____

_____ Deepening X Re-perf. _____ Conv. to Inj/SWD
X Plug Back 4320 PSTD
_____ Commingled _____ Docket No. _____
_____ Dual Completion _____ Docket No. _____
_____ Other (SWD or Inj?) _____ Docket No. _____

Operator Name _____

Lease Name _____ License No. WICHITA, KS

8/19/50 9/28/50 10/5/50-4-5-93
Spud Date Date Reached TD Completion Date OF WORKOVER

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.

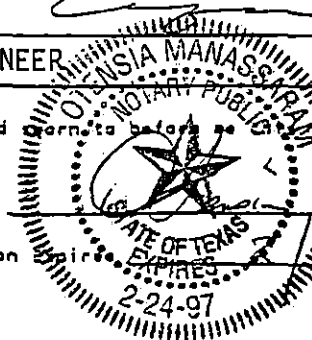
Signature _____ Date 5/12/94

Title ENGINEER

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

Notary Public _____

Date Commission Expires 2-24-97



K.C.C. OFFICE USE ONLY
F _____ Letter of Confidentiality Received
C _____ Wireline Log Received
C _____ Geologist Report Received
Distribution
 KCC
 KGS
 SWD/Rep
 Plug
MAY 23 1994
CORPORATION DIV.
Wichita, Kansas

Operator Name PIONEER EXPLORATION COMPANY

SIDE TWO

Lease Name HOBBISIEFKEN

Well # 2 - 2

Sec. 3 Twp. 35 S. 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"/> Same as
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	3584	(-2476)
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MISSISSIPPI	4260	(-3152)
List All E.Logs Run:		VIOLA	4684	(-3576)
		SIMPSON	4700	(-3592)

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	564		450	
PRODUCTION	9"	7"	20.23	4717		500	

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	4279-4290, 4298-4302		
2 SPF	4311-4317		
2 SPF	4334-4344	(set CIBP @4320 with 2 sks	on top)
	CIBP @ 4320' & 4712'		

TUBING RECORD	Size <u>2 3/8</u>	Set At <u>4228</u>	Packer At <u>4228</u>	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Inj. <u>4/7/92</u>	Producing Method <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil <u>0</u> bbls.	Gas <u>469</u> Mcf	Water <u>250</u> bbls.	Gas-Oil Ratio	Gravity
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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>4279-4290</u> <u>4298-4302</u> <u>4311-4317</u>