

15-191-10240-0001
[PRE-1967]

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

Operator: License # 09663
Name: Pioneer Exploration Company
Address P.O. Box 691007-
Houston
Texas 77269
Purchaser: Texas Gas Resources
Operator Contact Person: Dean Jones
Phone (713) 893-9400
Contractor: Name: PECO (Company Tools)
License: 09663 3332

Wellsite Geologist: _____
Designate Type of Completion **ORIGINAL**
_____ New Well _____ Re-Entry X Workover
X Oil _____ SWD _____ SLOW _____ Temp. Abd.
X Gas _____ ENHR _____ SIGW
_____ Dry _____ Other (Core, WSW, Expl., Cathodic, etc)

If Workover:
Operator: The Texas Company
Pioneer Exploration Co.
Well Name: Hudson 4-1
2-3-51
Comp. Date _____ Old Total Depth 4786
X ACIDIZED EXISTING PERFS
X Deepening _____ Re-perf. _____ Conv. to Inj/SWD
X Plug Back 4449 PBTB
_____ Commingled _____ Docket No. _____
_____ Dual Completion _____ Docket No. _____
_____ Other (SWD or Inj?) _____ Docket No. _____
Spud Date OF START 05/11-8-95 Date Reached TD _____ Completion Date OF WORKOVER _____

API NO. 15- _____
County Sumner
-NW -NW -NW Sec. 10 Twp. 35S Rge. 3 X EW
330 Feet from S (circle one) Line of Section
330 Feet from E (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE, SE, (circle one) or SW (circle one)
Lease Name Hudson Well # 4-1
Field Name Fall Creek
Producing Formation Mississippian
Elevation: Ground _____ KB 1127
Total Depth 4786 PBTB 4449
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 9/24 2-2-96
(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, 130 S. Market - Room 2078, 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 Consultant Date 12/27/95
Subscribed and sworn to before me this 27th day of December, 19 95.
Notary Public [Signature]
Date Commission Expires 2/24/97

RECEIVED
STATE CORPORATION COMMISSION
K.C.C. OFFICE USE ONLY
F _____ Letter of Confidentiality Attached
C _____ Wireline Log Received
C _____ Geologist Report Received
Distribution
_____ KCC _____ SWD/Rep _____ NGPA
_____ KGS _____ Plug _____ Other
(Specify)

SIDE TWO

Operator Name Pioneer Exploration Company Lease Name Hudson Well # 4-1

Sec. 10 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 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			
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

List All E.Logs Run:

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		10 3/4"	32.75	583	"A"	450	1% CaCl
Production	9"	7"	20.00	4776	"A"	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	Acid, Fracture, Shot, Cement Squeeze Record
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used) Depth
2	4340-4360	1000 gals 15% FeHCL 4640-60
	BP @ 4449	

TUBING RECORD	Size 2 3/8"	Set At 4311	Packer At 4311	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj. 12/2/95	Producing Method <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil 0	Bbls.	Gas 66	Mcf 0
			Water 0	Bbls.
				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 4340'-4360'

Production Interval Other (Specify) _____