

13-185-6E ORIGINAL *gma*

COPY

FORM MUST BE TYPED

SIDE ONE

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

Operator: License # 31271
Name: Alpar Resources, Inc.
Address P.O. Box 1046
CONFIDENTIAL
City/State/Zip Perryton, TX 79070
Purchaser: Bright & Bivins
Operator Contact Person: Debbie Miller
Phone (806) 435-6566
Contractor: Name: Summit Drilling
License: 30141
Wellsite Geologist: Bryan Pool

Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD SIGW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, USW, Exp., etc.)

If Workover/Re-Entry: old well info as follows:
Operator: _____
Well Name: _____
Comp. Date _____ Old Total Depth _____
Deepening _____ Re-perf. _____ Conv. to Inj/SWD _____
Plug Back _____ PSTD _____
Cemented _____ Decklet No. _____
Dual Completion _____ Decklet No. _____
Other (SWD or Inj?) Decklet No. _____
11-12-94 11-15-94 11-22-94
Spud Date Date Reached TD Completion Date

API NO. 15- 017-20711
County Chase
C - SE - SW Sec. 13 Twp. 18 Rge. 6 E W
660 Feet from SW (circle one) Line of Section
1980 Feet from E (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)
Lease Name Horn Well # 6-13
Field Name Diamond Creek
Producing Formation Lansing
Elevation: Ground 1413 KB _____
Total Depth 1500 PSTD 1463
Amount of Surface Pipe Set and Cemented at 201 Feet
Multiple Stage Cementing Collar Used? Yes No
Yes, show depth set _____ Feet

Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cat.
Fluid Management Plan ALT 1 gH 5-31-96
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used Evap. dry & cover
Location of fluid disposal if hauled offsite:
RECEIVED
KANSAS CORPORATION COMMISSION
Operator Name _____
Lease Name MAR 13 1995 License No. _____
Quarter Sec. _____ Twp. _____ Rng. _____ E/W
County CONSERVATION DIVISION Docket No. _____
WICHITA, KS

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 Debbie Miller
Title Proration Analyst Date 3-9-95
Subscribed and sworn to before me this 10th day of March 1995.
Notary Public Charlotte Wyatt
Notary Public, State of Texas
Date Commission Expires 7-17-97 Commission Expires 7-17-97

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C _____ Geologist Report Received
Distribution
 XCC SWD/Rep NSPA
 KGS Plug Other *FS*
(Specify)

SIDE TUB

Operator Name Alpar Resources, Inc. Lease Name Horn Well # 6-13
 Sec. 13 Twp. 18 Rge. 6 East West
 County Chase

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	OREAD	1135	(+279)
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	IRELAND	1245	(+168)
List All E.Logs Run:		DOUGLAS	1314	(+ 99)
		LANSING	1400	(+ 13)

DIL; CNL-FDC; CBL

CASING RECORD <input type="checkbox"/> New <input checked="" type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediates, 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	9 7/8	7 5/8	26	201	Standard	80	3% CaCl ₂
Production	6 1/2	4 1/2	9.5	1493	Regular	25	2% GEL
					60/40 POZ	175	

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
4	1428-1435	1500 gal. 15% HCl	1428-35

TUBING RECORD	Size 2 3/8	Set At 1404	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj.	12-9-94	Producing Method	<input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)	
Estimated Production Per 24 Hours	Oil 32 Bbls.	Gas -	Mcf Water 60 Bbls.	Gas-Oil Ratio
				Gravity

Disposition of Gas:	<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, submit ACO-18.)	METHOD OF COMPLETION	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify)	Production Interval	<u>1428-1435</u>
---------------------	----------------------------------------------------------------------------------------------------------------------------------	----------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------	------------------