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

COPY

API NO. 15- 017-20672-0002

County Chase

__ - __ - SW - NW Sec. 32 Twp. 18 Rge. 7 XX E __ W

1980 Feet from S/N (circle one) Line of Section

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

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

Lease Name Lips Well # 1-32

Field Name LIPPS (D)

Producing Formation None

Elevation: Ground 1316 KB ____

Total Depth 1545 PBTD 1185

Amount of Surface Pipe Set and Cemented at ____ 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 JK 5-22-96
(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. ____

Operator: License # 31271

Name: Alpar Resources, Inc.

Address P. O. Box 1046

City/State/Zip Perryton, TX 79070

Purchaser: N/A

Operator Contact Person: Debbie Miller

Phone (806) 435-6566

Contractor: Name: Glacier Well Service

License: ____

Wellsite Geologist: Bryan Pool

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

____ Oil ____ SWD ____ SIOW XXX Temp. Abd.
XX Gas ____ ENHR ____ SIGW
____ Dry ____ Other (Core, WSW, Expl., Cathodic, etc)

If Workover:

Operator: Alpar Resources, Inc.

Well Name: Lips 1-32

Comp. Date 10/26/93 Old Total Depth 1545

____ Deepening XXX Re-perf. ____ Conv. to Inj/SWD
XX Plug Back 1185 PBTD
____ Commingled Docket No. ____
____ Dual Completion Docket No. ____
____ Other (SWD or Inj?) Docket No. ____

5-2-94 Spud Date OF START OF WORKOVER | ____ Date Reached TD | 5-11-94 Completion Date OF WORKOVER

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 Debbie Miller

Title Proration Analyst Date 5/15/96

Subscribed and sworn to before me this 15 day of May, 19 96.

Notary Public Paula I. Hays

Date Commission Expires 8-24-96

PAULA I. HAYS
NOTARY PUBLIC
STATE OF TEXAS
My Comm. Exp. 8-24-96

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)

Form ACO-1 (7-91)

Operator Name Alpar Resources, Inc. Lease Name Lips Well # 1-32

Sec. 32 Twp. 18 Rge. 7 [X] 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.) [ ] Yes [X] No

Samples Sent to Geological Survey [ ] Yes [X] No

Cores Taken [ ] Yes [X] No

Electric Log Run (Submit Copy.) [ ] Yes [X] No

List All E.Logs Run:

None

[ ] Log Formation (Top), Depth and Datums [ ] Sample

Name	Top	Datum

CASING RECORD [ ] New [ ] 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

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth Top	Depth Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
___ Perforate ___ Protect Casing ___ Plug Back TD ___ 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
	1302 - 1310	Acidize w/2000 gl. 15% FE	1302-10
3	CIBP set @ 1270 Perf 1204-1207, 1214-1217	Acidize w/1000 gl. 7½% FE	1204-17 OA
	CIBP set @ 1185		
4	Perf 1130 -1140		

TUBING RECORD Size Set At Packer At Liner Run [ ] Yes [X] No

Date of First, Resumed Production, SWD or Inj. Temporarily Abandoned

Producing Method [ ] Flowing [ ] Pumping [ ] Gas Lift [ ] Other (Explain)

Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity
	N/A		N/A		N/A			

Disposition of Gas: METHOD OF COMPLETION Production Interval

[ ] Vented [ ] Sold [ ] Used on Lease (If vented, submit ACO-18.)

[ ] Open Hole [ ] Perf. [ ] Dually Comp. [ ] Commingled 1204' - 1217' OA.

[ ] Other (Specify) _____