

32-18-7E

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

SIDE ONE

API NO. 15- 017-20672-0003

COPY

County Chase

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

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 Shawnee

Elevation: Ground 1316 KB

Total Depth 1545 PBD 1080

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 J/T 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. _____

Designate Type of Completion
New Well _____ Re-Entry XX Workover
Oil SWD SLOW 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 1080 PBD
Commingled Docket No. _____
Dual Completion Docket No. _____
Other (SWD or Inj?) Docket No. _____
8-18-96 8-18-96
Date OF START Date Reached TD Completion Date OF
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.

requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied
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, 1996.

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
KGS	Plug
NGPA	
Other (Specify)	

RECEIVED

KANSAS CORPORATION COMMISSION

CONSERVATION DIVISION
ACO-1 WELL HISTORY

MAY 20 1996

Form ACO-1 (7-91)

Operator Name Alpar Resources, Inc.
 Sec. 32 Twp. 18 Rge. 7 East
 West

Lease Name Lips Well # 1-32
 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 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
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Datum
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
List All E.Logs Run:			

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

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose: Perforate Protect Casing Plug Back TD Plug Off Zone	Depth Top	Bottom	Type of Cement	#Sacks Used	Type and Percent Additives

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
	CIBP @ 1080' + CIBP @ 1270' + CIBP @ 1185'		
3	Perf 708 - 718		
3	1204' - 1207' & 1214' - 1217'		
4	1130' - 1140' & 1302' - 1310'		

TUBING RECORD	Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Inj. 8-21-95	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 --	Bbls.	Gas 242	Mcf	Water --	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) _____	708-718