

32-18-7E

SIDE ONE

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

Operator: License # 31271Name: Alpar Resources, Inc.Address P. O. Box 1046City/State/Zip Perryton, TX 79070Purchaser: CibolaOperator Contact Person: Debbie MillerPhone (806) 435-6566Contractor: Name: Log-Tech. Inc.

License: _____

site Geologist: Bryan Pool

Designate Type of Completion

XX New Well XX Re-Entry XX Workover

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

If Workover:

Operator: Alpar Resources, Inc.Well Name: Lips 1-32Comp. Date 10/26/93 Old Total Depth 1545

XX Deepening XXX Re-perf. Conv. to Inj/SWD
XX Plug Back 1080 PBTD
XX Commingled Docket No.
XX Dual Completion Docket No.
XX Other (SWD or Inj?) Docket No.

8-18-965

8-18-965

8-18-965 Date OF START Date Reached TD Completion Date of
OF WORKOVER WORKOVER

API NO. 15- 017-20672-0003County Chase- - SW - NW Sec. 32 Twp. 18 Rge. 7 XX E W1980 Feet from S/N (circle one) Line of Section660 Feet from E/W (circle one) Line of SectionFootages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)Lease Name Lips Well # 1-32Field Name LIPPS (D)Producing Formation ShawneeElevation: Ground 1316 KB _____Total Depth 1545 PBTD 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 8/14 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. _____

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.

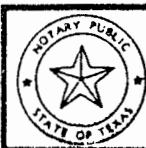
Signature Debbie MillerTitle Proration Analyst Date 5/15/96Subscribed and sworn to before me this 15 day of May,
19 96.Notary Public Paula I. HaysDate Commission Expires 8-24-96

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)



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

MAY 20 1996

Form ACO-1 (7-91)

CONSERVATION DIVISION
KANSAS CORPORATION COMMISSION

SIDE TWO

37-81-30

Operator Name Alpar Resources, Inc.

Lease Name

Lips

Well #

1-32Sec. 32 Twp. 18 Rge. 7☒ 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 ☒ No

Samples Sent to Geological Survey

☐ Yes ☒ No

Cores Taken

☐ Yes ☒ No
 Electric Log Run
(Submit Copy.)
☐ Yes ☒ No

List All E.Logs Run:

☐ 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 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
	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
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)			
Estimated Production Per 24 Hours	Oil ---	Bbls.	Gas 242	Mcf	Water ---	Bbls. Gas-Oil Ratio Gravity

Disposition of Gas:

METHOD OF COMPLETION

Production Interval

☐ Vented ☒ Sold ☐ Used on Lease
(If vented, submit ACO-18.)

☐ Open Hole ☒ Perf. ☐ Dually Comp. ☐ Commingled 708-718
☐ Other (Specify) _____