

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

003-23896000

COPY

COPY

Operator: License # 03113

Name: MARTIN OIL PROPERTIES

Address: P.O. Box 2236

City/State/Zip: Norman, OK 73070

Purchaser: EOTT

Operator Contact Person: Christian L. Martin

Phone: (405) 810-0900

Contractor: Name: Xenia Corp.

License: 04695

Wellsite Geologist: NONE

Designate Type of Completion

New Well Re-Entry Workover

Oil SWD SIOV Temp. Abd.

Gas ENHR SIGW

Dry Other (Core, WSW, Expl., Cathodic, 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

Commingled Docket No. _____

Dual Completion Docket No. _____

Other (SWD or Inj?) Docket No. _____

05/10/96 05/13/96 09/18/96

Spud Date _____ Date Reached TD _____ Completion Date _____

API NO. 15- _____

County ANDERSON

NW - NW - SE - NW Sec. 13 Twp. 20 Rge. 20 E E
W

1365 Feet from S (circle one) Line of Section

1365 Feet from E (circle one) Line of Section

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

Lease Name HASTERT Well # 11-T

Field Name GARNETT SHOESTRING

Producing Formation BARTLESVILLE

Elevation: Ground N/A 'KB N/A

Total Depth 818 PSTD _____

Amount of Surface Pipe Set and Cemented at 20 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 798

feet depth to surface w/ 105 sx cmt.

Drilling Fluid Management Plan Att. 2, 3-9-98 UCC

(Data must be collected from the Reserve Pft)

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. _____ Rng. _____ E/W

County _____ Docket No. _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado 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 _____

Title President / owner Date 10/31/96

Subscribed and sworn to before me this 31st day of October, 1996.

Notary Public Kay L. Nelson

Date Commission Expires 9-3-00

K.C.C. OFFICE USE ONLY		
F	<input type="checkbox"/> Letter of Confidentiality Attached	
C	<input checked="" type="checkbox"/> Wireline Log Received	
C	<input type="checkbox"/> Geologist Report Received	
Distribution		
<input checked="" type="checkbox"/> KCC	<input type="checkbox"/> SWD/Rep	<input type="checkbox"/> NGPA
<input type="checkbox"/> KGS	<input type="checkbox"/> Plug	<input checked="" type="checkbox"/> Other (Specify)
<u>15</u>		

SIDE TWO

Operator Name MARTIN OIL PROPERTIES Lease Name HASTERT Well # 11-T
 Sec. ___ Twp. ___ Rge. ___ County ANDERSON
 East
 West

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 Yes No
 (Attach Additional Sheets.)
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy.)
 List All E.Logs Run:

ATTACHED GAMMA RAY
NEUTRON

Log Formation (Top), Depth and Datum Sample
 Name Top Datum
Driller's Log Attached

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
SURFACE	8"	6"		20'	100% Port.	10	
COMPLETION	5 1/4"	2 7/8"		798'	100% Port.	105	

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
2	2 Shots Ft / Total 21	75 Gal HCL - Oil	720-730
	<u>729-739'</u>	Frac 100 bbls	

TUBING RECORD							
Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
2 7/8	798						
Date of First, Resumed Production, SWD or Inj.			Producing Method				
<u>09/25/96</u>			<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 Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity		
	15						

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval: 729'
739'