

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

COPY

Operator: License # 3449
Name: Coen Energy Corporation
Address: 1807 N. Dixie Ave., Hwy. 212

City/State/Zip Elizabethtown, KY 42701

Purchaser: Crude Marketing, Inc.

Operator Contact Person: David Coen

Phone (502)735-9265

Contractor: Name: Coen Energy Corporation

License: 3449

Wellsite Geologist: none

Designate Type of Completion
 New Well Re-Entry Workover

Oil SUD SIGW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WBY, 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/SUD
 Plug Back _____ PSTD
 Commingled _____ Bucket No. _____
 Dual Completion _____ Bucket No. _____
 Other (SUD or Inj?) _____ Bucket No. E-23814

1/20/97 1/23/97 2/3/97
Spud Date Date Reached TD Completion Date

API NO. 15- 107-23,544-0000

County Linn

NW-NE-SE NW Sec. 16 Twp. 23 Rge. 22

3880 Feet from (S)N (circle one) Line of Section

3160 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 MURROW Well # 22

Field Name Blue Mound

injection
Producing-Formation Bartlesville

Elevation: Ground _____ KB _____

Total Depth 678 PSTD 677

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 0

feet depth to 677 w/ 70 ex cnt.

Drilling Fluid Management Plan AH-2, 4-21-98 U.C.
(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 _____ Bucket No. _____

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 Stacy Thyer

Title Secretary Date 11-26-97

Subscribed and sworn to before me this 26 day of Nov 19 97.

Notary Public Linda S Brownback

Date Commission Expires Feb 5-2001

LINDA S. BROWNBACK
Notary Public - State of Kansas
My App. Expires 2-5-2001

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
 KCC SUD/Rep NEPA
 KGS Plug Other (Specify) IS

Operator Name Coen Energy Corporation Lease Name Murrow Well # 22

Sec. 16 Twp. 23 Rge. 22 East West
 County Linn

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 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:
GR Neutron

Log Formation (Top), Depth and Datum Sample
 Name Top Datum

CASING RECORD <input type="checkbox"/> New <input checked="" 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 3/4"	6 1/2"		20'	Portland	4	none
Production	5 1/2"	2 7/8"		677'	regular	70	2% gr

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	Acid, Fracture, Shot, Cement Squeeze Record
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used) Depth
2	640' to 650'	2" DML RTG 180° Phase 2 50 gal 15% HCl 400# sand-100# RS-400# sand

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.			Producing Method <input 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 Mcf	Water Bbls.	Gas-Oil Ratio	Gravim...

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

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

injection-production interval 640-650'