

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

Operator: License # 5052Name: Mitchell Energy CompanyAddress 5008 ProspectCity/State/Zip Kansas City, MO 64130Purchaser: P&A

Operator Contact Person: _____

Phone (____) _____

Contractor: Name: _____

License: _____

Wellsite Geologist: _____

Designate Type of Completion Plugged Well New Well Re-Entry X Workover

X Oil SWD SINW 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 %e-perf. Conv. to Inj/SWD
 Plug Back PBTD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

 Spud Date Date Reached TD Completion Date

API NO. 15- UnknownCounty Wilson - W2 - NW4 Sec. 13 Twp. 28 Rge. 15 X E4673 Feet from S (circle one) Line of Section4237 Feet from E (circle one) Line of SectionFootages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)Lease Name Morton Well # OW-1

Field Name _____

Producing Formation Bartlesville (IN PAST)

Elevation: Ground _____ KB _____

Total Depth 960' PBTD _____Amount of Surface Pipe Set and Cemented at N/A FeetMultiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from N/Afeet depth to Unknown w/ Unknown sx cmt.Drilling Fluid Management Plan P&A JH 4-5-94
(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, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule C2-3-130, 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 Vincent M. Carter

Title _____

Date 6-2Subscribed and sworn to before me this 29th day of June19 93Notary Public Sandra M. NunneSandra M. NunneDate Commission Expires 9-26-95

K.C.C. OFFICE USE ONLY

Letter of Confidentiality Attached

Wireline Log Received

Geologist Report Received

 KCC
 KGS

Distribution

 SWD/Rap Plug NGPA Other

(Specify)

SIDE TWO

Operator Name Mitchell Energy CompanyLease Name MortonWell # OW-1Sec. 13 Twp. 28 Rge. 15☒ EastCounty Wilson☐ 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
(Attach Additional Sheets.)☐ Yes ☒ No☐ Log Formation (Top), Depth and Datum☐ Sample

Samples Sent to Geological Survey

☐ Yes ☒ No

Name

Top

Datum

Cores Taken

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

List All E.Logs Run:

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
☐ 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
TUBING RECORD		Size	Set At	Packer At	Liner Run ☐ Yes ☐ No
Date of First, Resumed Production, SWD or Inj.			Producing Method ☐ Flowing ☐ Pumping ☐ Gas Lift ☐ Other (Explain)		
Estimated production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas:

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

METHOD OF COMPLETION

☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled

Production Interval