

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

Operator: License # 4172

Name: UCG STORAGE, INC.

Address P.O. BOX 650205

City/State/Zip DALLAS, TX 75265-0205

Purchaser: NA

Operator Contact Person: MATTHEW FRIHART

Phone (972) 855-3098

Contractor: Name: MOKAT DRILLING

License: _____

Geologist: KENTON HUPP

Designate Type of Completion
XXX New Well _____ Re-Entry _____ Workover

_____ Oil _____ SUD _____ SLOW _____ Temp. Abd.

_____ Gas _____ ENHR _____ SIGW

_____ Dry XXX Other (Core, MSW, Expl., Cathodic, etc)

STORAGE

If Workover/Reentry: Old Well Info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

_____ Deepening _____ Re-perf. _____ Conv. to Inj/SUD

_____ Plug Back _____ PSTD

_____ Commingled _____ Docket No. _____

_____ Dual Completion _____ Docket No. _____

_____ Other (SUD or Inj?) _____ Docket No. _____

5-23-2001 _____ 6-4-2001

_____ Date Reached TD _____ Completion Date

API NO. 15- 125 - 30018 - 0000

County MONTGOMERY

SE - NE - NE - _____ Sec. 33 Twp. 33S Rge. 17 XX E

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

200 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 NORTH LIBERTY Well # 403

Field Name LIBERTY

Producing Formation SQUIRREL

Elevation: Ground 760 KB _____

Total Depth 546 PSTD _____

Amount of Surface Pipe Set and Cemented at 20 Feet

Multiple Stage Cementing Collar Used? _____ Yes XXX No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 442

feet depth to SURFACE w/ 70 ex. cnt.

Drilling Fluid Management Plan ALT 2 9-4-01 JK
(Data must be collected from the Reserve Pit)

AIR DRILLED

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.

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 Kenton Hupp

Title CONSULTING ENGINEER Date 7-02-01

Subscribed and sworn to before me this 3 day of July, 2001.

Notary Public Alma Hupp

Notary Commission Expires 1/19/03

K.C.C. OFFICE USE ONLY	
F <u>NO</u>	Letter of Confidentiality Attached
C <u>✓</u>	Wireline Log Received
C _____	Geologist Report Received
Distribution	
_____ KCC	_____ SUD/Rep
_____ KGS	_____ Plug
	_____ NGPA
	_____ Other (Specify)
<u>IDG</u>	

ALMA HUPP
Notary Public - State of Kansas
My Appt. Expires 1/19/03

Operator Name UCG STORAGE, INC.Lease Name NORTH LIBERTYWell # 403☒ EastCounty MONTGOMERYSec. 33 Twp. 33S Rge. 17☐ 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 ☒ NoCores Taken ☐ Yes ☒ NoElectric Log Run ☒ Yes ☐ No
(Submit Copy.)

List All E.Logs Run:

CBL
DIL
CDN
GRN☒ Log Formation (Top), Depth and Datum ☐ SampleName
SQUIRRELTop
439

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
SURFACE	12 1/4"	8 5/8"		22'			
PRODUCTION	7 7/8"	5 1/2"	15.5	442	CIRC.	70	

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purposes:	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
OPEN HOLE	442 - 546	NATURAL	

TUBING RECORD	Size	Set At	Packer At	Liner Run
		NA		<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SMD or Inj.	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
NA				
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity
		STORAGE		

Disposition of Gas:

METHOD OF COMPLETION

Production Interval

☐ Vented ☐ Sold ☐ Used on Lease
(If vented, submit ACO-18.)☒ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled☐ Other (Specify) _____