

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

32704

Operator: License # 32704

Name: Gas Transmission Org, Inc.

Address: 3838 Oak Lawn Ave., Suite 910

City/State/Zip: Dallas, TX 75219

Purchaser: _____

Operator Contact Person: Don E. Satterthwaite

Phone: (316) 777-9164

McPherson Drilling Co.

Contractor: Name: _____

License: #5495

Wellsite Geologist: Jim Craig

RECEIVED

KANSAS CORPORATION COMMISSION

Designate Type of Completion:

New Well Re-Entry Workover **FEB 15 2001**
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW **CONSERVATION DIVISION**
 Dry Other (Core, WSW, Expl., Cathodio, etc.) **WICHITA, KS**

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

_____ Deepening Re-perf. Conv. to Enhr./SWD

_____ Plug Back Plug Back Total Depth

_____ Commingled Docket No. _____

_____ Dual Completion Docket No. _____

_____ Other (SWD or Enhr.?) Docket No. _____

8-17-00 8-19-00 11- 28 -00

Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 035-24,128

County: Cowley

E/2-W/2-SE Sec. 33 Twp. 34 S. R. 4 East West

1410 feet from S / N (circle one) Line of Section

1580 feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE **SE** NW SW

Lease Name: Buzzi Well #: 1

Field Name: Copeland

Producing Formation: Neva Lime

Elevation: Ground: 1060 Est Kelly Bushing: _____

Total Depth: 938 Plug Back Total Depth: 470

Amount of Surface Pipe Set and Cemented at 253 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 **At Air Rig**
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used evap & back fill

Location of fluid disposal if hauled offsite:

Operator Name: _____

Lease Name: _____ License No.: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

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 of 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: Dan C. Jr. Heming

Title: Manager Date: 8-15-01

Subscribed and sworn to before me this 15 day of February, 2001

Notary Public: Nedra A. Olenick

Date Commission Expires: 6-11-2003

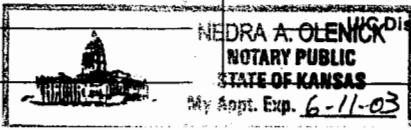
KCC Office Use ONLY

Letter of Confidentiality Attached

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received



Operator Name: Gas Transmission Org., Inc. Lease Name: Buzzi Well #: 1
 Sec. 33 Twp. 34 S. R. 4 East West County: Cowley

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems 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 test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Neva Lime	442 +621
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fall City Lime	604 +459
		Admire Sand	624 +439
		Indian Cave Sand	720 +343

List All E. Logs Run:
Gamma Ray Neutron Bond Log

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	# Sacjs Used	Type and Percent Additives
Surface	8 3/4"	7"	23#	252'	Class A	103	C1 Chlor 3%
Production	6 1/4"	4 1/2"	9.5#	810'	60/40 Poz	80	2 sks gel

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose: — Perforate — Protect Casing — Plug Back TD — Plug Off Zone	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives

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
12	722-728 Swabbed -no show		
12	626-632 " " "		
12	442-448 " " good show		
	470' set Cast iron bridge plug	Acidized w/t 300 gal. acid	470'
		Form. broke at 750# treated 1.5 bbl per min. @300#	

TUBING RECORD	Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of First, Resumed Production, SWD or Enhr. <u>Still testing</u>	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 Mcf	Water Bbls. Gas-Oil Ratio Gravity

Disposition of Gas	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Sumit ACO-18.)</i>	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	