

1-11-25W ORIGINAL

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

API NO. 15-195-22,159
County Trego
- NE - NW - NW Sec. 1 Twp. 11S Rge. 25W XX W

Operator: License # 5422

Name: Abercrombie Drilling, Inc.

Address 150 N. Main, Suite 801

City/State/Zip Wichita, Ks. 67202

Purchaser: N/A

Operator Contact Person: Jerry Langrehr

Phone (316) 262-1841

Contractor: Name: Abercrombie RTD, Inc.

License: 30684

Wellsite Geologist: Arden Ratzlaff

Designate Type of Completion
 New Well Re-Entry Workover

Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBSD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

8-26-95 8-31-95 9-1-95
Spud Date Date Reached TD Completion Date

330' Feet from S (N) (circle one) Line of Section

1115' 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 TERRY HOBBS Well # 1

Field Name _____

Producing Formation None

Elevation: Ground 2392' KB 2397'

Total Depth 4032' PBSD _____

Amount of Surface Pipe Set and Cemented at 314.92' 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 D&A JH 11-7-95
(Data must be collected from the Reserve Pit)

Chloride content 9000 ppm Fluid volume 800 bbls

Dewatering method used Evaporation

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 Jack K. Wharton Jack K. Wharton

Title Vice President Date 9-29-95

Subscribed and sworn to before me this 2nd day of October, 1995

Notary Public Susan M. Pantier

My Commission Expires 8-15-96 RECEIVED

My Appt. Exp. 8-15-96

STATE CORPORATION COMMISSION

OCT 3 1995

WICHITA, KANSAS

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

Operator Name Abercrombie Drilling, Inc. Lease Name Terry Hobbs Well # 1

Sec. 1 Twp. 11S Rge. 25W East West County Trego

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem tests gi interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static le 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.)

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

List All E.Logs Run: **DUAL INDUCTION**
COMPENSATED DENSITY

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	12 1/4"	8 5/8"	28#	124 92'	60/40 pos mix	180 sks	2% gel, 3% CC

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

TUBING RECORD Size Set At Packer At Liner Run Yes No

Date of First, Resumed Production, SWD or Inj. D&A Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours Oil N/A Bbls. Gas N/A Mcf Water N/A Bbls. Gas-Oil Ratio Gravity

Disposition of Gas: **METHOD OF COMPLETION** Production Interval
 Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
(If vented, submit ACO-18.) Other (Specify) _____