

35-13-17W *AL*

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

API NO. 15- _____
County Ellis
____ - NW - NW - SE Sec. 35 Twp. 13S Rge. 17 E

Operator: License # 5229
Name: Phillips Petroleum Company
Address Route #3, Box 20-A
City/State/Zip Great Bend, Kansas 67530

2310 Feet from (S)W (circle one) Line of Section
2310 Feet from (E)W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)

Purchaser: _____
Operator Contact Person: J. C. Fontenot
Phone (316) 793-8421

Lease Name Braun A Well # 3
Field Name Toulon

Contractor: Name: _____
License: _____

Producing Formation _____
Elevation: Ground 1937' KB _____
Total Depth 3516' PSTD _____

Wellsite Geologist: _____

Amount of Surface Pipe Set and Cemented at 181 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet

Designate Type of Completion
 New Well Re-Entry Workover

If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.

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

Drilling Fluid Management Plan 6-7-93
(Data must be collected from the Reserve Pit)

If Workover/Re-Entry: old well info as follows:

Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used _____

Operator: Phillips Petroleum Company
Well Name: Braun A #3

Location of fluid disposal if hauled offsite: _____

Comp. Date 04-1956 Old Total Depth 3516'

Operator Name _____

Deepening Re-perf. Conv. to (Inj)/SWD
 Plug Back _____ PSTD
 Commingled _____ Docket No. _____
 Dual Completion _____ Docket No. _____
 Other (SWD or (Inj)) Docket No. E 26,665

Lease Name _____ License No. _____

Spud Date _____ Date Reached TD 05-1993 Completion Date _____

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 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.

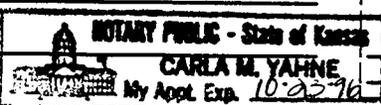
RECEIVED
STATE CORPORATION COMMISSION

Signature J. C. Fontenot
Title Area Superintendent Date 06-02-93

K.C.C. OFFICE USE ONLY
F _____ Letter of Confidentiality Received
C _____ Wireline Log Received
C _____ Geologist Report Received
CONSERVATION DIVISION
Wichita, Kansas
Distribution
KCC _____ SWD/Rep _____ NGPA _____
KGS _____ Plug _____ Other _____
(Specify)

Subscribed and sworn to before me this 2ND day of June, 1993.
Notary Public Carla M. Yahne

Date Commission Expires 10-23-96



SIDE TWO

Operator Name Phillips Petroleum Company Lease Name Braun A Well # 3

Sec. 35 Twp. 13S Rge. 17 East West
 County Ellis

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.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input type="checkbox"/> No			

List All E.Logs Run:

CASING RECORD <input type="checkbox"/> New <input 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 5/8"	24#	181'		175 sx	
Production	7 7/8"	5 1/2"	14#	3474'		150 sx	

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	604'		236 sx	Squeezed hole in casing @ 604' 12-21-58.
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone	3438'		2 sx	Set CIBP @ 3438' w/2 sx of cement on top 05/93.

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	LKC - 3237'-3243', treated w/500 gals.		reg. & 1500 gals. Gel. X100.	04-1956
2	LKC - 3214'-3217', treated w/500 gals.		reg. XF-32 & 2000 gals. Gel. X100.	04-1956
2	Toronto - 3186'-3194', treated w/1000 gals.		15% acid	- 04-59
2	LKC - 3286'-3296', treated w/500 gals.		of 15% HCL acid.	- 11-92
2	LKC - 3350'-3360', treated w/500 gals.		of 15% HCL acid.	- 11-92
2	LKC - 3380'-3390', treated w/500 gals.		of 15% HCL acid.	- 11-92
2	LKC- 3414' 3424', treated w/500 gals.		of 15% HCL acid.	- 11-92

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Sealtite		2 3/8"	3203'	3203'				
Date of First, Resumed Production, SWD or (Inj.)			Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Injection <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 _____ Injection Production Intervals