

4-15-13W
COPY

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

API NO. 15- 167-23,049
County Russell
NE SE SW Sec. 4 Twp. 15S Rge. 13 X E
990 Feet from S (circle one) Line of Section
2310 Feet from E (circle one) Line of Section

Operator: License # 3613

Name: HALLWOOD PETROLEUM, INC.

Address 4582 S. Ulster Street Pkwy
Suite 1700
P.O. Box 378111

City/State/Zip Denver, CO 80237

Purchaser: N/A

Operator Contact Person: _____

Phone (____) _____

Contractor: Name: ALLEN DRILLING COMPANY

License: 5418

Wellsite Geologist: _____

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/Re-Entry: old well info as follows:

Operator: N/A

Well Name: _____

Comp. Date _____ Old Total Depth _____

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

4/12/93 4/19/93 PLUGGED
Spud Date Date Reached TD Completion Date

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

Lease Name LETSCHE Well # B-12

Field Name Trapp

Producing Formation D & A

Elevation: Ground 1772' KB 1777'

Total Depth 3330' PBTD --

Amount of Surface Pipe Set and Cemented at 744 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 cnt.

Drilling Fluid Management Plan 5-28-93
(Data must be collected from the Reserve Pit)

Chloride content 12,000 ppm Fluid volume 200 bbls

Dewatering method used tank truck haul to disposal

Location of fluid disposal if hauled offsite:
Taken to Roesner Inj, Letsch Inj, Hall-Gurney Inj

Operator Name Hallwood Petroleum Inc.

Lease Name _____ License No. 3613

Quarter _____ Sec. _____ Twp. 15s Rng. 13 E/W

County Russell 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.

Signature Bruce W. [unclear]

Title Sr. Engr. Tech Date 5-3-93

Subscribed and sworn to before me this 3rd day of May 19 93.

Notary Public Ada M. Christian

Date Commission Expires 9/1/93

E.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
RECEIVED
Distribution
KCC SWD/Rep NGPA
KGS Plug Other (Specify)

Operator Name HALLWOOD PETROLEUM, INC. Lease Name Letsch Well # B-12

Sec. 4 Twp. 15S Rge. 13W East West
 County Russell

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 checked="" 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 checked="" type="checkbox"/> No	ELMONT	2440	-663
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	HOWARD	2579	-802
List All E.Logs Run:		SEVERY	2633	-856
		TOPEKA	2649	-872
		HEEBNER	2876	-1099
		TORONTO	2892	-1115
		BASE KS CITY	3198	-1421
		CONGLOMERATE SAND	3243	-1466
		ARBUCKLE	3249	-1472

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	12-1/4"	8-5/8"	28#	744'	60/40poz	425	3%cc 2%gel

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	Pecker At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No

Date of First, Resumed Production, SWD or Inj.	Producing Method <input 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: Vented Sold Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled

Production Interval: _____

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

APR NO. 15- 167-23,049 **40-15-13-01**
County Russell
NE SE SW Sec. 4 Twp. 15S Rge. 13 X

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 Plug Back PBTB
 Commingled Docket No. _____
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4/12/93 4/19/93 4/20/93
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Drilling Fluid Management Plan 5-12-93
(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 _____

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Quarter Sec. _____ Twp. _____ S Rng. _____ E/W

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Signature Bruce W. [unclear]

Title Sr. Engr. Tech Date 5-3-93

Subscribed and sworn to before me this 3rd day of May, 19 93.

Notary Public Ma M. Christian

Date Commission Expires 9/1/93

RECEIVED
STATE CORPORATION COMMISSION

MAY 10 1993

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

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