

COPY *JD*

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

API NO. 15- 171-20,504
County Scott
C - SE - SW Sec. 27 Twp. 19S Rge. 33 XXW
660 Feet from S/N (circle one) Line of Section
1980 Feet from E/W (circle one) Line of Section

Operator: License # 4629
Name: Brilo Oil Co., Inc.
Address 120 S Market
Suite 300
City/State/Zip Wichita, Ks. 67202

Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)
Lease Name Smith 'B' Well # 1-27
Field Name Hugoton North

Purchaser: _____
Operator Contact Person: Raul F. Brilo
Phone (316) 263-8787
Contractor: Name: Abercrombie RTD, Inc.
License: 30684
Wellsite Geologist: Richard Harris

Producing Formation _____
Elevation: Ground 2963' KB 2968'
Total Depth 4750' PBTD _____
Amount of Surface Pipe Set and Cemented at 261.38 Feet
Multiple Stage Cementing Collar Used? Yes XX No

Designate Type of Completion
_____ New Well _____ Re-Entry _____ Workover
_____ Oil _____ SWD _____ SLOW _____ Temp. Abd.
_____ Gas _____ ENHR _____ SIGW
XX Dry _____ Other (Core, WSW, Expl., Cathodic, etc)

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

If Workover:
Operator: _____
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. _____
10-16-96 10-24-96 10-25-96
Spud Date Date Reached TD Completion Date

Drilling Fluid Management Plan PA 3-4-98 U.C.
(Data must be collected from the Reserve Pit)
Chloride content 16,000 ppm Fluid volume 1200 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 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 [Signature]
Title Raul F. Brilo, President Date 12/18/96
Subscribed and sworn to before me this 18th day of December,
19 96.
No. of Public Betty M. Abbott
Date Commission Expires 1-22-99

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

BETTY M. ABBOTT
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 1-22-99

SIDE TWO

Operator Name Brito Oil Co., Inc. Lease Name Smith B Well # 1-27

Sec. 27 Twp. 19 S Rge. 33 East West County Scott

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 No

Cores Taken Yes No

Electric Log Run Yes No
 (Submit Copy.)

List All E.Logs Run:
 Compensated Density Neutron
 Dual Induction

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

See Attachment Sheet

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"	20#	261.38	60/40 pos	180	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 <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SLD or Inj.	<u>P+A</u>				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 <u>N-A</u> Bbls.	Gas Mcf	Water 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) _____