FORM MUST BE TYPED SIDE ONE ORIGINAL API NO. 15- 083-21442-01-00 STATE CORPORATION COMMISSION OF KANSAS OIL & GAS CONSERVATION DIVISION Hodgeman WELL COMPLETION FORM County ACO-1 WELL HISTORY \$\frac{5}{2} \cdot \frac{5}{2} \text{SW . SW sec. 7 tup. 21S Rge. 22 DESCRIPTION OF WELL AND LEASE Operator: License # 31961 Feet from SN (circle one) Line of Section 1140 Name: Buried Hills Production Company Inc. Feet from E/W (circle one) Line of Section Address 1000, 112 - 4th Avenue S.W. Footages Calculated from Nearest Outside Section Corner: NE, SE, NW or (SW) (circle one) Calgary, Alberta Canada Lease Name Antrim-Cossman well # Lease Line #1 Hz City/State/Zip ____T2P OH3 Field Name Wieland West Purchaser: Mississippian Osage Producing Formation Operator Contact Person: Bud Berger Elevation: Ground 2264 KB 2277 Phone (316) 339-3848 Total Depth 6447 ft M.D. PBTD 6447 ft M.D. Contractor: Name: Nabors Drilling 630 Amount of Surface Pipe Set and Cemented at License: 32105 Hultiple Stage Cementing Collar Used? _____ Yes X No Wellsite Geologist: If yes, show depth set _____ Designate Type of Completion X New Well Re-Entry RECEDIATION COMMISSION If Alternate II completion, cement circulated from ___ SIOW ____ Temp. Abd. SWD feet depth to ____ ENHR SIGN Gas Drilling Fluid Management Plan AH. 10-28-99 U.C. (Data must be collected from the Reserve Pit) Other (Core, WSH) Expl , Sathmalic, etc) If Workover/Reentry: Old Well Info as follows: CONSERVATION DIVISION Chloride content 20,000 ppm Fluid volume 670 bbls Operator: _____ Dewatering method used ____None RELEASED √ Well Name: ____ Comp. Date _____Old Total Depth Location of fluid disposal if hauled offsite: Deepening ____ Re-perf. _ _ Conv. to Inj/SUD

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 <u>all</u> 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.

Operator Name _

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	\bigcirc
Title Manager, Production	Date 97-10-09
Subscribed and sworn to before me this	8 day of Ochober.
Date Commission Expires N	4
	MICHAEL B. NIVEN

Docket No.

Date Reached TD Completion Date

Plug Back

Commingled

June 15, 1997 July 7, 1997

Dual Completion Docket No.

Other (SWD or Inj?) Docket No.

F Letter of Confidentiality Attached C Lireline Log Received C Geologist Report Received							
KCC KGS	Distribution SWD/Rep Plug	NGPA Other (Specify)					

FROM CONFIDENTIAL

___License No. ____

Surface 12 1/4" 9 5/8 36 629 Class "A" 450 3% CaCl2 Intermediate 8 3/4" 7" 23 4803 Midcon II 435 3% CaCl2 Slotted Liner 6 1/8 4 1/2 9.5 6747 N/A ADDITIONAL CEMENTING/SQUEEZE RECORD Purpose: Perforate Protect Casing Plug Back TD Plug Off Zone Shots Per Foot Specify Footage of Each Interval Perforated Open Hole Completion Through Slotted Liner TUBING RECORD Size 2 7/8" 3853' KB N/A Date of First, Resumed Production, SUD or Inj. Producting Method Per Substitute of Substantial Substantia	Operator Name <u>Bur</u>		roduction Compa Lest West	SIDE TWO Iny Inesse Name County	11-1			Lease Line #1
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