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KCC WICHITA

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

Form ACO-1
September 1999
Form Must Be Typed

COPY

Operator: License # 5293
Name: Helmerich & Payne, Inc.
Address: 1579 E. 21st Street
City/State/Zip: Tulsa, OK 74114
Purchaser: _____
Operator Contact Person: Sharon LaValley
Phone: (918) 742-5531
Contractor: Name: Cheyenne Drilling
License: 5382
Wellsite Geologist: _____
Designate Type of Completion:
X New Well _____ Re-Entry _____ Workover
_____ Oil _____ SWD _____ SLOW _____ Temp. Abd.
_____ Gas _____ ENHR XXX SIGW
_____ Dry _____ Other (Core, WSW, Expl., Cathodic, etc)
If Workover/Re-entry: Old Well Info as follows:

Operator: _____
Well Name: _____
Original Comp. Date: _____ Original Total Depth: _____
_____ Deepening _____ Re-perf. _____ Conv. To Enhr./SWD
_____ Plug Back _____ Plug Back Total Depth
_____ Commingled _____ Docket No. _____
_____ Dual Completion _____ Docket No. _____
_____ Other (SWD or Enhr.?) _____ Docket No. _____
_____ 02/23/01 _____ 02/25/01 _____ Wait to P&A _____
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 093-21670
County: Kearny
_____ SE- NW- NW Sec. 36 Twp. 21 S. R. 35 ☐ East ☒ West
_____ 4030 _____ feet from SW N (circle one) Line of Section
_____ 4030 _____ feet from E W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Wright Well #: 1-2
Field Name: Hugoton
Producing Formation: Chase
Elevation: Ground: 3046' Kelly Bushing: 3051
Total Depth: 2810' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 305' 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 ALT 2 gtl 6/12/02
(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: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. ☐ East ☐ West
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 of 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 completed and correct to the best of my knowledge.

Signature: Sharon LaValley
Title: Engineer Tech Date: 9/19/01
Subscribed and sworn to before me this 19th day of September
2001
Notary Public: Amy Warren
Date Commission Expires: 4/9/05



| KCC Office Use Only | |
|-------------------------------------|---|
| _____ | Letter of Confidentiality Attached |
| <input checked="" type="checkbox"/> | If Denied, Yes <input type="checkbox"/> Date: _____ |
| _____ | Wireline Log Received |
| _____ | Geologist Report Received |
| _____ | UIC Distribution |

IOG

Operator Name: Helmerich & Payne, Inc. Lease Name: Wright Well # 09W40-1-2Sec. 36 Twp. 21 S. R. 35 ☐ East ☒ West County: Kearny

Instructions: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems 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 test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken ☐ Yes ☒ No

(Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes ☒ NoCores Taken ☐ Yes ☒ NoElectric Log Run ☒ Yes ☐ No

(Submit Copy)

List All E. Logs Run:

Dual Spaced Neutron

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

Name Top Datum

CASING RECORD

☐ New ☐ 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" | 23# | 305' | Prem Plus Lite C | 40 | 2% CC + 1/4# flocele |
| | | | | | 50/50 Poz Prem Plus C | 125 | 2% CC + 1/4# Flocele |
| Production | 7 7/8" | 5 1/2" | 15.5# | 2802' | Prem Plus Lite | 400 | 1/4# flocele mixed |
| | | | | | 50/50 Poz mix | 125 | 1/4# flocele |

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 | | | | |

| | | | |
|---|--|---|---|
| Shot Per Foot | PERFORATIONS RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) | Depth |
| 4 | Herrington 2593-2599' | 21600 gal 70Q N2 foam cont. 41000 lbs 16/30 white sand in 1-4 ppg stages | |
| 4 | Upper Krider 2626-2634' | | |
| | | | |
| | | | |
| TUBING RECORD | Size | Set At | Packer At |
| | | | Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Date of First, Resumed Production, SWD or Enhr. | | Producing Method | |
| | | <input checked="" 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

METHOD OF COMPLETION

Production Interval

☐ Vented ☒ Sold ☐ Used on Lease
(If Vented, Submit ACO-18)☐ Open Hole ☒ Perf. ☐ Dually Comp. ☐ Commingled☐ Other (Specify)