

COPY

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

Operator: License # 31995

Name: Charles Griffin

Address Rt 3 Box 56

Stafford KS 67578

City/State/Zip

Purchaser: Koch

Operator Contact Person: Bennie Griffin

Phone (316) 234-6189

Contractor: Name: _____

License: _____

Wellsite Geologist: _____

Designate Type of Completion

New Well Re-Entry Workover

Oil SWD SOW Temp. Abd.

Gas ENHR SIGW

Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover:

Operator: Hallwood Pet Inc.

Well Name: WM Spangenberg #2

Comp. Date 7-31 Old Total Depth 3584

Deepening Re-perf. Conv. to Inj/SWD

Plug Back PBTD

Commingled Docket No. _____

Dual Completion Docket No. _____

Other (SWD or Inj?) Docket No. _____

start Date _____ Date Reached TD 11/29/98 Completion Date _____

API NO. 15-185-02070-0002

County Stafford

SW-SW-NW Sec. 29 Twp. 228 Rge. 11

2970 Feet from S (circle one) Line of Section

330 Feet from E (circle one) Line of Section

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

Lease Name W Spangenberg Well # 2

Field Name Richardson

Producing Formation Arbuckle

Elevation: Ground 1826 KB 1831

Total Depth 3584 PBTD _____

Amount of Surface Pipe Set and Cemented at 236 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 D+A, 3-30-99 UC
(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 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 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 [Signature]

Title CONTACT PERSON Date 3-16-99

Subscribed and sworn to before me this 16th day of March, 19 99.

Notary Public Annette McNickle

Date Commission Expires 7-18-2002

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

ANNETTE McNICKE
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 7-18-2002

Operator Name Charles Griffin Lease Name WM Spangenberg Well # 2
 Sec. Twp. Rge. East County Stafford
 West

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 N/A
 (Attach Additional Sheets.)
 Samples Sent to Geological Survey Yes No N/A
 Cores Taken Yes No N/A
 Electric Log Run Yes No N/A
 (Submit Copy.)
 List All E.Logs Run:

Name	Top	Datum
KC Lans 'E'	3292	1461
KC Lans 'F'	3329	1489
KC Lans 'G'	3342	1511
KC Lans 'H'	3383	1552
KC Lans 'J'	3415	1584
Arbuckle	3556	1725

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	16"	13"	40	236			
Production	9"	6	20	3560			
Liner	"	5"	3553-	3593			

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
4/S/P/ \bar{F}	2758 To 2763 Severy Sand	5" Run From 3553 to 3593
NO GAS SHOW	PUT BACK ON PUMP	

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2 3/8	3452		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, S/D or Inj.		Producing Method <input type="checkbox"/> Flowing <input checked="" 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 Other (Specify) _____