

COPY *and*
16-23-340

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

Operator: License # 9953

Name: HARRIS OIL AND GAS COMPANY

Address 410 17th St., Suite 2310
Denver, CO 80202

City/State/Zip _____

Purchaser: KOCH OIL COMPANY

Operator Contact Person: BUD HARRIS

Phone (303) 623-3336

Contractor: Name: ALLEN DRILLING COMPANY

License: 5418

Wellsite Geologist: BOB KOZAREK

Designate Type of Completion
 New Well Re-Entry Workover

Oil SWD SIOW 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 PBSD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

9/22/93 10/01/93 1-19-94
Spud Date Date Reached TD Completion Date

API NO. 15- 055-21,242
County Finney
NW SE NW Sec. 16 Twp. 23 Rge. 34 X E
W

1650 Feet from S (circle one) Line of Section
1650 Feet from E (circle one) Line of Section

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

Lease Name GARDEN CITY Well # 4-16

Field Name Sequoyah

Producing Formation _____

Elevation: Ground 2964' 13' KB 2977'

Total Depth 4880' PBSD _____

Amount of Surface Pipe Set and Cemented at 1698 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set 3048 Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)

Chloride content 5000 ppm Fluid volume 2500 bbls

Dewatering method used CUT WINDOWS IN WALL TO AID
IN NATURAL EVAPORATION

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, 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 WG. Harris Jr

Title PRESIDENT Date 1-19-94

Subscribed and sworn to before me this 20 day of JANUARY, 19 94.

Notary Public ALICE E. BERRY

Date Commission Expires NOVEMBER 23, 1995

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

Operator Name HARRIS OIL AND GAS COMPANY Lease Name GARDEN CITY Well # 4-16
 Sec. 16 Twp. 23 Rge. 34 East West
 County Finney

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem tests and 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 checked="" 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	STONE CORRAL	1851	+1126
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	HEEBNER	3738	- 761
List All E.Logs Run:	GR-CNL-FDC, DSI, MRS BY: SCHLUMBERGER	TORONTO	3750	- 773
		LANSING	3784	- 807
		B/KC	4256	-1279
		MARMATON	4279	-1302
		ATOKA	4516	-1529
		MORROW	4614	-1637
		ST. GEN	4677	-1700
		ST. LOUIS	4728	-1751

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"		1698'	PremPlusLite	555	2% CC 1/2 lb
production	7-7/8"	4-1/2"	10.5#	4880'	50/50 poz Class H	140 200	.6 Halad 322 5% KCL

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	3590-4654	CLASS H	100SX	2% CC
<input type="checkbox"/> Plug Back TD				
<input checked="" type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type	Acid, Fracture, Shot, Cement Squeeze Record
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used) Depth
	*SEE ATTACHED COMPLETION REPORT	

TUBING RECORD	Size 2 3/8"	Set At 4684'	Packer At 4	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj.	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
1-19-94				
Estimated Production Per 24 Hours	Oil Bbls. 15	Gas Mcf TSTM	Water Bbls. 60	Gas-Oil Ratio 32°

Disposition of Gas: Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled

(If vented, submit ACO-18.)

METHOD OF COMPLETION: Production Interval