

CONFIDENTIAL

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

ator: License # 3871Name: Hugoton Energy CorporationAddress: 301 N. Main, Suite 1900

RELEASED

City/State/Zip Wichita, Kansas 67202

SEP 16 1996

Operator Contact Person: Earl RingeisenPhone (316) 262-1522Contractor: Name: Murfin Drilling Rig #20License: 30606Wellsite Geologist: Joe Brougher

## Designate Type of Completion

New Well     Re-Entry     Workover

Oil     SWD     SLOW     Temp. Abd.

Gas     ENHR     SIGW

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

If Workover/Re-Entry: old well info as follows:

Operator: \_\_\_\_\_

Well Name: \_\_\_\_\_

Comp Date \_\_\_\_\_ Old Total Depth: \_\_\_\_\_

Deepening     Re-perf.     Conv. to Inj/SWD

Plug Back    \_\_\_\_\_ PBD

Commingled    Docket No. \_\_\_\_\_

Dual Completion    Docket No. \_\_\_\_\_

Other (SWD or Inj?)    Docket No. \_\_\_\_\_

2/12/96

2/14/96

3/22/96

Spud Date

Date Reached TD

Completion Date

## SIDE ONE

API NO. 15- 075-20577County Hamilton

70' S&amp;E - C - SE S 18 T 23 R 40 W

1250 Feet from S Line of Section

1250 Feet from E Line of Section

Footages Calculated From Nearest Outside Section Corner:

NE, SE, NW, or SW (circle one)

Lease Name Wolf Well # 2-18Field Name HugotonProducing Formation ChaseElevation: Ground 3390 KB MAY 20Total Depth 2545' PBD CONAmount of Surface Pipe Set and Cemented at 322' Feet.Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from 2545'feet depth to surface w/ 650 sx cmt.

## Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit) ACT 1 Date  
6-20-96Chloride content 69,000 ppm Fluid volume 450 bbls

Dewatering method used \_\_\_\_\_

Location of fluid disposal if hauled offsite: \_\_\_\_\_

Operator Name \_\_\_\_\_

Lease Name \_\_\_\_\_ License No. \_\_\_\_\_

Quarter \_\_\_\_\_ Sec \_\_\_\_\_ Twp \_\_\_\_\_ R \_\_\_\_\_ 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, Finney State Office 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 Earl RingeisenTitle Production Manager Date: 05/16/96Subscribed and sworn to before me this 16th day of May '96  
Notary Public Arleen Valliquette

Date Commission Expires

NOTARY PUBLIC - STATE OF KANSAS  
ARLENE VALLIQUETTE  
My Appt. Exp. 7-21-99

RECEIVED  
KANSAS CORPORATION COMMISSION

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

MAY 21 1996

Operator Name	Hugoton Energy Corporation				Lease Name	Wolf	Well #	2-18
Sec	18	Twp	23S	Rge	40	West	County	Hamilton

**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 (Attach Additional Sheets)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datums		<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Name	Top	Datum	
Cores Taken	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Base Anhydrite	2020'	+1378	
Electric Log Run (Submit Copy)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Winfield	2493'	+905	
List All E. Logs run:	Cement Bond Log					

CASING RECORD							
<input type="checkbox"/> New <input checked="" 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"	25#	322'	35/65 Poz Class C	80 90	6% D20 + 3% SI + 1#/sk D29 3% SI
Production	7-7/8"	4-1/2"	9.5#	2545'	35/65 Poz C Class C	500 150	5% D20 + 2% SI + 1#/sk D29 2% SI + .5% D60 + 1#/sk D29

ADDITIONAL CEMENTING/SQUEEZE RECORD							
Purpose: <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	Depth		Type of Cement		# Sacks Used	Type and Percent Additives	
	Top	Bottom					

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
3	2504-2514'  Fracture			500 gal 15% FE acid  24,300# 12/20 Ottawa Sand & 2000# of 16/30 resin coated sand & 143 bbls 30# slick water gel			2504-2514

TUBING RECORD				Size 2-3/8"	Set At 2536'	Packer at	Liner Run	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj.				4/11/96	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: METHOD OF COMPLETION

Production Interval

<input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, submit (ACO-18))	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled	_____
	<input type="checkbox"/> Other (Specify)	_____