

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

Operator: License # 3871

Name: Hugoton Energy Corporation

Address: 301 N. Main, Suite 1900

City/State/Zip Wichita, Kansas 67202

Purchaser: _____

Operator Contact Person: Earl Ringeisen

Phone (316) 262-1522

RELEASED

Contractor: Name: Murfin Drilling

APR 09 1999

License: 30606

Wellsite Geologist: Terry Maxwell

FROM CONFIDENTIAL

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 _____ PBTB

Commingled _____ Docket No. _____

Dual Completion _____ Docket No. _____

Other (SWD or Inj?) _____ Docket No. _____

11-8-1996 11/10/96 11/25/96
ud Date Date Reached TD Completion Date

API NO. 15- 075-20627
County Hamilton
C - SW - S 2 T 23 S R 41 W

1250 Feet from Line of Section

4030 Feet from Line of Section

Footages Calculated From Nearest Outside Section Corner:

NE, NW, or SW (circle one)

Lease Name Gaston Well # 2-2

Field Name Bradshaw

Producing Formation Chase

Elevation: Ground 3486 KB _____

Total Depth 2610 PBTB _____

Amount of Surface Pipe Set and Cemented at 354 Feet.

Multiple State Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 2610

feet depth to surface w/ 700 sx cmt.

Drilling Fluid Management Plan ALT 2 JH 10-17-97
(Data must be collected from the Reserve Pit)

Chloride content 42,000 ppm Fluid volume 447 bbls

Dewatering method used Evaporation

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

_____ Quarter Sec KCC Twp _____ R _____ E/W

FEB 10

County CONFIDENTIAL 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 Ringeisen

Title Production Manager Date: 02/07/97

Subscribed and sworn to before me this 7th day of FEB. '97
Notary Public Arlene Valliquette

Date Commission Expires _____

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

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

Operator Name Hugoton Energy Corporation Lease Name Gaston Well # 2-2
 Sec 2 Twp 23S Rge 41 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 Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run (Submit Copy) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No List All E. Logs run:	<input type="checkbox"/> Log Formation (Top), Depth and Datums <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Base Anhydrite</td> <td>2104</td> <td>+1393</td> </tr> <tr> <td>Winfield</td> <td>2562</td> <td>+935</td> </tr> </table>	Name	Top	Datum	Base Anhydrite	2104	+1393	Winfield	2562	+935
Name	Top	Datum								
Base Anhydrite	2104	+1393								
Winfield	2562	+935								

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"	23#	354'	60/40 Poz	225	2% gel + 3% cc
Production	7-7/8"	4-1/2"	9.5#	2610	Lite Class C	550 150	1/4#/sk Flo-seal

ADDITIONAL CEMENTING/SQUEEZE RECORD					
Purpose:	Depth		Type of Cement	# Sacks Used	Type and Percent Additives
	Top	Bottom			
<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
2	2571-2581 Fracture	500 gal 15% HCL 13,314 gal WF130 + 15,000# 16/30 mesh sand + 3000# 16/30 resin coated sand	

TUBING RECORD		Size	Set At	Packer at	Liner Run		
		2-3/8"	2591	NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Date of First, Resumed Production, SWD or Inj.			1/10/97	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		
	0	387	0				

Disposition of Gas: **METHOD OF COMPLETION** Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled _____
 (If vented, submit (ACO-18)) Other (Specify) _____