

21532

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

Operator: License # 5952

Name: Amoco Production Company

Address PO Box 800 Room 924

City/State/Zip Denver, CO 80201

Purchaser: N/A

Operator Contact Person: Susan R. Potts

Phone (303) 830-5323

Contractor: Name: Cheyenne Drilling

License: 5382

Wellsite Geologist: N/A

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:

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

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

Comp. Date \_\_\_\_\_ Old Total Depth \_\_\_\_\_

Deepening  Re-perf.  Conv. to Inj/SWD  
 Plug Back  PBTD  
 Commingled  Docket No. \_\_\_\_\_  
 Dual Completion  Docket No. \_\_\_\_\_  
 Other (SWD or Inj?)  Docket No. \_\_\_\_\_

3/28/97 3/28/97 5/5/97  
Spud Date Date Reached TD Completion Date

API NO. 15- 055-22532-0000  
County Finney  
105'N& 55'E- C - SW Sec. 26 Twp. 25S Rge. 33 X W  
1425 Feet from S/W (circle one) Line of Section  
1375 Feet from E/W (circle one) Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
NE, SE, NW or SW (circle one)  
Lease Name Waller SWD Well # 1  
Field Name Hugoton  
Disposing Formation Glorieta  
Elevation: Ground 2914' KB 2920'  
Total Depth 1585' PBTD 1585'  
Amount of Surface Pipe Set and Cemented at 1032 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 AH 125-98 U.C.  
(Data must be collected from the Reserve Pit)

Chloride content 1200 ppm Fluid volume 100 bbls

Dewatering method used Dried and Filled

Location of fluid disposal if hauled offsite:

Operator Name John Brown

Lease Name Morris /B/ SWD #1 License No. 8752

\_\_\_\_\_ Quarter Sec. 19 Twp. 24 S Rng. 31 E/W

County Finney Docket No. C 16,812 (196930)

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.

I certify that 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 Susan A. Potts

Title Senior Staff Assistant Date 5/15/97

Subscribed and sworn to before me this 15th day of May, 1997.

Notary Public [Signature]

Date Commission Expires January 4, 2001

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)

RECEIVED

**SIDE TWO**

Operator Name Amoco Production Company Lease Name Waller SWD Well # 1

Sec. 26 Twp. 25S Rge. 33  East  West  
 County Finney

**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 checked="" type="checkbox"/> Log Formation (Top), Depth and Datum (Driller's Log) <input type="checkbox"/> Sample <table style="width:100%; border: none;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Glorieta Top</td> <td>1434'</td> <td></td> </tr> <tr> <td>Glorieta Bottom</td> <td>1585'</td> <td></td> </tr> </table>	Name	Top	Datum	Glorieta Top	1434'		Glorieta Bottom	1585'	
Name	Top	Datum								
Glorieta Top	1434'									
Glorieta Bottom	1585'									

CASING RECORD							
Injection- <input type="checkbox"/> New <input checked="" type="checkbox"/> Used-Surface							
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	6.75"	4.5"	10.5	1032'	Pozmix Premium Plus	235	4%gel, 1/4#Flocele, 1%CC, .25%CFR-3
Injection	6.75"	2.375"	1.57	1482'	Pozmix Premium Plus	245	4%gel, 1/4#Flocele, 1%CC, .25%CFR-3
Stainless Seating Nipple set at 1418'							

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	
	N/A			Acidize w/12 bbls. 10% FE HCL acid and displace w/10 bbls. fresh water.
			Cavitate w/ 250 CFM of air.	1482-1585'

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Inj. Not disposing yet	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity
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Disposition of Gas: **METHOD OF COMPLETION** **Disposal Interval**

Vented  Sold  Used on Lease  Open Hole  Perf.  Dually Comp.  Commingled 1482-1585'  
 (If vented, submit ACO-18.)  Other (Specify) \_\_\_\_\_