

30-27-34 W COPY [Signature]

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

API NO. 15- 081-20865
County Haskell
- - - C - MW Sec. 30 Twp. 27S Rge. 34 X W
3960 Feet from S/X (circle one) Line of Section
3960 Feet from E/W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
XX, SE, NW or SW (circle one)
Lease Name Cook E Well # 3
Field Name Hugoton
Producing Formation Chase
Elevation: Ground 3031 KB
Total Depth 3000 PBTD 2955
Amount of Surface Pipe Set and Cemented at 803 Feet
Multiple Stage Cementing Collar Used? Yes X No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.

Operator: License # 5447
Name: OKY USA Inc.
Address P. O. Box 26100
City/State/Zip Oklahoma City, Ok 73126-0100
Purchaser: Ulysses Gas Gathering System
Operator Contact Person: Jerry Ledlow
Phone (405) 749-2309
Contractor: Name: Beredco
License: 5147
Wellsite Geologist: _____

Designate Type of Completion
 New Well Re-Entry Workover
 Oil SMD SION 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/SMD
 Plug Back PBTD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SMD or Inj?) Docket No. _____
9/8/94 9/11/94 11/23/94
Spud Date Date Reached TD Completion Date

Drilling Fluid Management Plan ALT 1 1-9-96 JK
(Data must be collected from the Reserve Pit)
Chloride content 12,000 ppm Fluid volume 3562 bbls
Dewatering method used 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, 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 Staff Analyst Date 12/27/94
Subscribed and sworn to before me this 27th day of December, 19 94.
Notary Public [Signature]
Date Commission Expires 8-21-96

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

Operator Name ORF USA Inc. Lease Name Cook E Well # 3

Sec. 30 Twp. 27S Rge. 34 East West
 County Maskell

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 Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
ores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hollenberg	2570	- 461
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Herington	2598	- 433
List All E.Logs Run:		Krider	2624	- 407
Compensated Neutron		Winfield	2664	- 367
		Towanda	2713	- 318
		Ft Riley	2762	- 269
		Mattfield	2817	- 214
		Wreford	2850	- 181
		Council Grove	2876	- 155

CASING RECORD <input checked="" 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"	24	803	C	565	
Production	7 3/4"	5 1/2"	14	2999	310 sks 65/35 C-Poz +6% gel +2%cc +.25		
PPS D2, 220 sks 50/50 C-Poz +2%gel+.6% D60,3%46+.25 PPS D2							

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 Spacers (Amount and Kind of Material Used)
4	2578-80, 2604-86, 2620-22, 2636-38, 2672-74, 2716-18, 2736-38, 2766-68, 2824-26, 2852-54.	Acidize w/ 5000 gal 7.5% HCL
		Frac w/ 62,076 gal gel wtr.,
		262,000 # 10/20 Brady Sand

TUBING RECORD		Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SMD or Inj.	Producing Method				<input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
11/23/94					
Estimated Production Per 24 Hours	Oil Bbls.	Gas 623	Mcf	Water Bbls.	Gas-Oil Ratio Gravity

Disposition of Gas: **METHOD OF COMPLETION** Production Interval 2578-2854

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled

(If vented, submit ACO-18.) Other (Specify) _____