

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: Williams Natural Gas

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 PBDT
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

10/12/95 10/14/95 11/9/95
Spud Date Date Reached TD Completion Date

API NO. 15- 187-20794-0000

County Stanton

SW - NE - NE Sec. 5 Twp. 27S Rge. 39 X E
W

4030 Feet from S/W (circle one) Line of Section

1250 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 Smith Gas Unit /C/ Well # 3H1

Field Name Hugoton

Producing Formation Chase

Elevation: Ground 3248.28' KB 3254'

Total Depth 2631' PBDT 2629.5'

Amount of Surface Pipe Set and Cemented at 338 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 2631

feet depth to Surface w/ 600 sx cm.

Drilling Fluid Management Plan alt II 570.96
(Data must be collected from the Reserve Pit) PO

Chloride content 72,000 ppm Fluid volume 400 bbls

Dewatering method used Dried and Filled

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 Susan R. Potts

Title Senior Staff Assistant Date 2-14-96

Subscribed and sworn to before me this 14th day of February 19 96

Notary Public [Signature]

Date Commission Expires January 4, 1997

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)

106

SIDE TWO

Operator Name Amoco Production Company Lease Name Smith Gas Unit /C/ Well # 3HI

Sec. 5 Twp. 27S Rge. 39
 East
 West

County Stanton

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 Yes No
 (Attach Additional Sheets.)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
 (Submit Copy.)

List All E.Logs Run: Compensated Spectral Natural Gamma Collar Log

Log Formation (Top), Depth and Datum Sample

| | | |
|---------------|-------|-------|
| Name | Top | Datum |
| Ogallala Base | 514' | KB |
| Chase Top | 2330' | |
| Council Grove | 2618' | |

| 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 | 12.25" | 8.625" | 20 | 338' | Premium Plus | 200 | 2%CC+1/4#Flocele |
| Production | 7.875" | 5.5" | 14 | 2631' | Premium Plus Light | 600 | 1/4# Flocele |
| | | | | | | | |

| 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 | Acid, Fracture, Shot, Cement Squeeze Record | |
|----------------|---|--|------------|
| | Specify Footage of Each Interval Perforated | (Amount and Kind of Material Used) | Depth |
| 2 | 2358-2368'; 2378-2388'; 2420-2440'; 2482-2502'; | FRAC w/ 180,000 lbs. of 10/20 sand and 1,143 bbls. x-link gelled fresh water. | 2358-2552' |
| | 2532-2552'; | | |
| | | | |

| TUBING RECORD | | Size | Set At | Packer At | Liner Run |
|--|-----------|--------------|--|-------------|---|
| None | | | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Date of First, Resumed Production, SMD or Inj. First Gas 11/14/95 | | | Producing Method <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) | | |
| Estimated Production Per 24 Hours | Oil Bbls. | Gas 850 MCFD | Mcf | Water Bbls. | Gas-Oil Ratio Gravity |

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

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled 2358-2552'

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