

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 P.O. Box 800, Rm. 2444

City/State/Zip Denver, CO 80201

Purchaser: _____

Operator Contact Person: Julie Victor

Phone (303) 830-4009

Contractor: Name: Cheyenne Drilling

License: 5382

Wellsite Geologist: _____

Designate Type of Completion

New Well Re-Entry Workover

Oil SWD SIOW Temp. Abd.

Gas ENHR SIGW

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

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

Operator: N/A

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. _____

8/4/91 8/6/91 Delayed

Spud Date 8/4/91 Date Reached TD 8/6/91 Completion Date Delayed

API NO. 15- 187-20587

County Stanton

NW NW - SE SE Sec. 29 Twp. 28 Rge. 39 X ^E

1250 Feet from (S)N (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 Welch G.U. C Well # 3HI

Field Name Hugoton

Producing Formation Chase

Elevation: Ground 3186' KB 3197'

Total Depth 2502' PBTB _____

Amount of Surface Pipe Set and Cemented at 618 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.

Drilling Fluid Management Plan _____ A/S-L
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used _____

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, 200 Colorado Derby 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 Julie Victor

Title Permitting Representative Date 12/10/91

Subscribed and sworn to before me this 10 day of December

19 91

Notary Public Sherril L. Stigeman

to Commission Expires 8-15-95

K.C.C. OFFICE USE ONLY

F Letter of Confidentiality Attached

C Wireline Log Received

C Geologist Report Received

RECEIVED Distribution

STATE CORPORATION COMMISSION SWD/Rep _____ NGPA _____

KGS _____ Plug _____ Other _____ (Specify)

DEC 13 1991

CONSERVATION DIVISION
WICHITA, KANSAS
Form ACO-1 (7-91)

Operator Name Amoco Production Company Lease Name Welch G.U. C Well # 3HI

Sec. 29 Twp. 28 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.)

Log Formation (Top), Depth and Datum Sample
 Name Top Datum
 Chase 2240' KB

List All E.Logs Run:
 Dual Induction, Compensated Neutron-Litho-Density, Micro, GR-Spectrometry

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#	618'	Prem Plus	345	
Production	7-7/8"	5-1/2"	15.5#	2,502'	Prem Plus	550	

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

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

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled Other (Specify) slotted casing

Production Interval _____