

MUST BE TYPED

CONFIDENTIAL SIDE ONE

COPY *and*

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

Operator: License # 3871Name: Hugoton Energy CorporationAddress 301 N. Main. Suite 1900City/State/Zip Wichita, KS 67202Purchaser: KochOperator Contact Person: Jim GowensPhone (316) 262-1522Contractor: Name: Murfin Drilling Co., Inc.License: 30606Nellsite Geologist: Jon Christensen

Designate Type of Completion

☒ New Well ☐ Re-Entry ☐ Workover☒ Oil ☐ SWD ☐ SIOW ☐ Temp. Abd.☒ Gas ☐ ENHR ☐ SIGW☐ Dry ☐ Other (Core, WSW, Expl., Cathodic, etc.)

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

10/20/94 10/31/94 11/23/94
Spud Date Date Reached TD Completion Date

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 Jim GowensTitle Jim Gowens, V.P. Exploration Date _____Subscribed and sworn to before me this 3 day of Jan 19 95Notary Public Sarah E. ReynoldsDate Commission Expires 9-22-96

SARAH E. REYNOLDS
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. _____

API NO. 15- 081-20878
County HASKELL
SE - SW - NW - Sec. 33 Twp. 30S Rge. 33W X E W

2970 FSL Feet from S/N (circle one) Line of Section4290 FEL 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 HOMESHER Well # 4-33Field Name VICTORYProducing Formation ST. LOUISElevation: Ground 2941' KB 2950'Total Depth 5675' PBTD _____Amount of Surface Pipe Set and Cemented at 1870' Feet.Multiple Stage Cementing Collar Used? ☒ Yes ☐ NoIf yes, show depth set 3057 FeetIf Alternate II completion, cement circulated from NA

feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan ALT 1 4-24-96
(Data must be collected from the Reserve Pit)

Chloride content 3800 mg/l ppm Fluid volume 400 bblsDewatering method used EVAPORATIONLocation of fluid disposal if hauled offsite: NULOperator Name NOV 8Lease Name _____ License CONFIDENTIALQuarter Sec. 33 Twp. S Rng. E/W

County _____ Docket No. _____

K.C.C. OFFICE USE ONLY

F. ☒ Letter of Confidentiality AttachedC. ☒ Wireline Log ReceivedC. ☒ Geologist Report Received

☒ KCC ☐ SWD/Rep
☐ KGS ☐ Plug

Distribution
☒ NGPA
☐ Other (Specify) _____

STATE CORPORATION COMMISSION
RECEIVED
JAN 04 1995

SIDE TWO

Operator Name Hugoton Energy Corporation Lease Name HOMSHER Well # 4-33Sec. 33 Twp. 30S Rge. 33W
☐ East
☒ WestCounty HASKELL

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 ☐ NoCores Taken ☐ Yes ☒ NoElectric Log Run ☒ Yes ☐ No
(Submit Copy.)List All E. Logs Run: LDT-CNL-GR, ML-GR, BHC-SONIC,
DIL-SFL-GR☐ Log Formation (Top), Depth and Datums ☐ Sample.
Name Top Datum

SEE ATTACHED SHEET

CASING RECORD

☐ New ☒ 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"		1870'	Lite Common	600 150	3% cc + 1/4 #/sk Flo-seal 3% cc
production	7-7/8"	5-1/2"	14#	5674'	Lite Paceset Lite	150 400	
port collar				3057'	Class 'C'	120	Hi-seal Calcium chloride

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Perforate				
Protect Casing				
Plug Back TD				
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	5619' - 5622' (3')		500 gal 15% NE-FE acid	5619'-5622'
2	5588' - 5590' (2')		500 gal 15% NE-FE acid	all
2	5541' - 5544' (3')		120 gal 15% NE-FE acid	5464'-5468'
2	5464' - 5468' (4')		120 gal 15% NE-FE acid	5541' - 5544'
			1500 gal 15% NE-FE acid	5588' - 5590'
			1500 gal 15% NE-FE acid	5464'-5468'
			1500 gal 15% NE-FE acid	5541'-5544'

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2-3/8"	5673'	NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj.		12/8/94		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.
	45		80		89

Disposition of Gas: **METHOD OF COMPLETION**
☐ Vented ☒ Sold ☐ Used on Lease
(If vented, submit ACO-18)☐ Open Hole ☒ Perf. ☐ Dually Comp. ☐ Commingled
☐ Other (Specify) _____Production Inter.
ALL OPEN