

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, Kansas 67202

Purchaser: _____

Operator Contact Person: Earl RingeisenPhone (316) 262-1522Contractor: Name: Murfin Drilling Rig #20License: 30606Wellsite Geologist: Karl Osterbuhr

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: _____

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. _____

6/28/96

Spud Date

07/09/96

Date Reached TD

11/4/96

Completion Date

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market, Finney State Office 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 Earl RingeisenTitle Production ManagerDate: 11/18/96Subscribed and sworn to before me this 18th day of Nov. '96Notary Public Arlene Valliquette

Date Commission Expires _____

NOTARY PUBLIC - STATE OF KANSAS
ARLENE VALLIQUETTE
My Appt. Exp. 7-21-99

API NO. 15- 081-21026County Haskell

W/2 - SE - NE S 33 T 30 R 33 W

1980 Feet from N Line of Section990 Feet from E Line of Section

Footages Calculated From Nearest Outside Section Corner:

NE, SE, NW, or SW (circle one)

Lease Name Homsher Well # 8-33Field Name VictoryProducing Formation MorrowElevation: Ground 2936' KB _____Total Depth 5625' PBDT _____Amount of Surface Pipe Set and Cemented at 1795' Feet.Multiple State Cementing Collar Used? ☒ Yes ☐ NoIf yes, show depth set 2990 Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content 1200 ppm Fluid volume 747 bbls

Dewatering method used _____

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

____ Quarter Sec Twp _____ R _____ E/W

County _____

Docket No. _____

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) JS

SIDE TWO

Operator Name Hugoton Energy Corporation Lease Name Homsher Well # 8-33
 Sec 33 Twp 30S Rge 33 West County Haskell

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem tests giving interval tested, time tool open, 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datums		<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum	
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Heebner	4063	-1118	
Electric Log Run (Submit Copy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Lansing	4161	-1216	
List All E. Logs run: <u>Array Induction Micro-Resistivity/GR, Compensated Neutron Litho-Density/GR, MicroLog Gamma Ray</u>		Lane Sh	4408	-1463	
		Stark	4595	-1650	
		Hushpuckney	4651	-1706	
		Marmaton	4779	-1834	
		Excello	4950	-2005	
		Morrow	5241	-2296	
		Chester	5366	-2421	
		St Genevieve	5411	-2466	
		St. Louis	5469	-2532	

CASING RECORD							
<input type="checkbox"/> New <input checked="" 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"	25#	1795'	ALW Class C	525 150	3% cc + 1/4#/sx flo-seal 3% cc
Production	7-7/8"	5-1/2"	14#	5620'	Self Stress	180	2% SI + .5%D60 + .2% D46 + 1/4#/sx D29
Port Collar				2990'	Lite Class C	300 150	1/4#/sk flo-seal

ADDITIONAL CEMENTING/SQUEEZE RECORD					
Purpose:	Top	Depth 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 Squeeze Record (Amount and Kind of Material Used)		Depth
4	5355' - 5364' & 5335' - 5344'	1750 gal 15% NE-FE acid		5335-5364'
4	5254' - 5269'	2000 gal 15% NE-FE acid		5335-5364'
		2500 gal 15% NE-FE acid & 2000 gal 30# gel		5254-5269'
TUBING RECORD				
Size	2-7/8"	Set At	5505	Packer at NA
				Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj.	8/7/96	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 0	Gas Mcf 245	Water Bbls 0	Gas-Oil Ratio Gravity

Disposition of Gas: **METHOD OF COMPLETION**

Production Interval

☐ Vented ☒ Sold ☐ Used on Lease ☐ Open Hole ☒ Perf. ☐ Dually Comp. ☐ Commingled
 (If vented, submit (ACO-18)) ☐ Other (Specify) _____

Form ACO-1 (7/91)