

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

Operator: License # 08767
Name: The Trees Oil Company
Address 105 S. Broadway, Suite #310
Wichita, KS 67202
City/State/Zip _____
Purchaser: PanEnergy
Operator Contact Person: Gayle Gentry Bishop
Phone (316) 263-2060
Contractor: Name: J.W. Gibson Well Service
License: 5866
Wellsite Geologist: Tom Pronold

Designate Type of Completion

____ New Well ____ Re-Entry XX OWWO Workover
____ Oil ____ SWD ____ SIOW ____ Temp. Abd.
X ____ Gas ____ EMHR ____ SIGW
____ Dry ____ Other (Core, WSW, Expl., Cathodic, etc)

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

Operator: The Trees Oil Company
Well Name: Ungles "A" #1
Comp. Date 4/2/82 Old Total Depth 5800'
____ Deepening X Re-perf. ____ Conv. to Inj/SWD
X ____ Plug Back ____ PBTD
____ Commingled ____ Docket No. ____
____ Dual Completion ____ Docket No. ____
____ Other (SWD or Inj?) Docket No. ____

9-18-95 10-20-95
SPUD Date OF START Date Reached TD Completion Date OF
OF WORKOVER WORKOVER

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 Gayle Gentry Bishop
Title President Date 1/29/95

Subscribed and sworn to before me this 29th day of January, 19 96.

Notary Public Carole P. Morris
Date Commission Expires _____
My Appt. Expires Oct. 29, 1996

API NO. 15- 081-202450001 **COPY**
County Haskell
C - SE - NE - Sec. 15 Twp. 30 Rge. 34 W
3300 Feet from (S/N (circle one) Line of Section
660 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 Ungles Well # 2-15
Field Name Hugoton
Producing Formation Chase
Elevation: Ground 2959' KS 2971'
Total Depth 5488' PBTD 2747'
Amount of Surface Pipe Set and Cemented at 1765 Ft
Multiple Stage Cementing Collar Used? ____ Yes XX
If yes, show depth set ____ Ft
If Alternate II completion, cement circulated from 1765
feet depth to surface w/ 900 sx cm
Drilling Fluid Management Plan REWORK 04 3-11-96
(Data must be collected from the Reserve Pit)

Chloride content ____ ppm Fluid volume ____ bbl

Dewatering method used _____

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

____ Quarter Sec. ____ Twp. ____ Rge. ____ 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 ____ NSPA
✓ ____ KGS ____ Plug ____ Other (Specify) ____

Operator Name The Trees Oil Company

SIDE TWO

Lease Name UnglesWell # 2-15Sec. 15 Twp. 30S Rge. 34☐ EastCounty Haskell☒ West

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.)

☐ Log Formation (Top), Depth and Datum ☐ Sample

Name Top Datum

Samples Sent to Geological Survey ☐ Yes ☒ NoCores Taken ☐ Yes ☒ NoElectric Log Run ☒ Yes ☐ No

(Submit Copy.)

List All E.Logs Run:

Cement Bond Log (Attached)

Chase Group

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
Conductor	30"	20"	N.A.	40'	N.A.	6	N.A.
Surface	12 1/4"	8 5/8"	24#	1760'	35/65 poz type H	200	8% gel, 2% CAC
Production	7 7/8"	5 1/2"	15.5	5488'	50/50 poz type H	150	18% salt 75% T

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 Squeeze Record (Amount and Kind of Material Used)	Depth
5	2932-37		2932-37
	CIBP 2988'		
2	2715-25; 2662-78; 2612-38 2584-2604		2584-2725
	CIBP @ 2747'		

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	none			
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)			
waiting on connection				
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity

Disposition of Gas:

METHOD OF COMPLETION

Production Interval

☐ Vented ☒ Sold ☐ Used on Lease
(If vented, submit ACD-18.)

☐ Open Hole ☒ Perf. ☐ Dually Comp. ☐ Commingled
☐ Other (Specify) _____

2715'-2584'