

FORM MUST BE TYPED

CONFIDENTIAL

SIDE ONE

2 - 30s - 35w

COPY

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

Operator: License # 3871
Name: Hugoton Energy Corporation
Address 301 N. Main, Suite 1900
City/State/Zip Wichita, KS 67202

Purchaser:
Operator Contact Person: Jim Gowens
Phone (316) 262-1522

Contractor: Name: VAL Energy, Inc.
License: 5822

Wellsite Geologist: Wesley Hansen

Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc.)

Workover/Re-Entry: old well info as follows: **RELEASED**

Operator: MAR 11 1997
Well Name:

Comp. Date Old Total Depth **FROM CONFIDENTIAL**

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBTB
 Commingled Docket No.
 Dual Completion Docket No.
 Other (SWD or Inj?) Docket No.

10/1/94 10/12/94 11/15/94
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 [Signature]
Title Jim Gowens, V.P. Exploration Date 1/13/95

Subscribed and sworn to before me this 13 day of January 1995

Notary Public [Signature]

Date Commission Expires 9/19/95
NOTARY PUBLIC
State of Kansas
MY COMM. EXPIRES

API NO. 15- 067-21297
County GRANT
C - SE - NW - Sec. 2 Twp. 30S Rge. 35W X E
3300 FSL Feet from S (circle one) Line of Section
3300 FEL Feet from E (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW, or SW (circle one)
Lease Name MLP HAMPTON A Well # 1-2
Field Name WC
Producing Formation NA
Elevation: Ground 3043' KB 3053'
Total Depth 5830' PBTB 5631
Amount of Surface Pipe Set and Cemented at 1810 Feet.
Multiple Stage Cementing Collar Used? X Yes No
If yes, show depth set 3040' Feet
If Alternate II completion, cement circulated from NA
feet depth to w/ xs cmt.

Drilling Fluid Management Plan ALT 1 JPH 11-22-95
(Data must be collected from the Reserve Pit)

Chloride content 8700 mg/l ppm Fluid volume 450 bbls

Dewatering method used EVAPORATION

Location of fluid disposal if hauled offsite: NUL

Operator Name JAN 1 '3

Lease Name CONFIDENTIAL License No. CONFIDENTIAL

Quarter Sec. Quarter Twp. S Rng. Quarter E/W

County Grant Docket No. CONFIDENTIAL

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
STATE CORPORATION COMMISSION
DISTRIBUTION
 KCC SWD/Rep NGPA
 KGS Plug Other (Specify)
JAN 11 1995
Form ACO-1 (7-91)

SIDE TWO

Operator Name Hugoton Energy Corporation Lease Name MLP HAMPTON A Well # 1-2

Sec. 2 Twp. 30S Rge. 35W
 East County GRANT
 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 (Attach Additional Sheets) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run (Submit Copy.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run: AIS, BCA, MLS	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datums <input type="checkbox"/> Sample. <table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:70%;">Name</th> <th style="width:15%;">Top</th> <th style="width:15%;">Datum</th> </tr> <tr> <td>CHESTER</td> <td>5553'</td> <td>-2500</td> </tr> <tr> <td>ST. GEN.</td> <td>5647'</td> <td>-2594</td> </tr> </table>	Name	Top	Datum	CHESTER	5553'	-2500	ST. GEN.	5647'	-2594
Name	Top	Datum								
CHESTER	5553'	-2500								
ST. GEN.	5647'	-2594								

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"	23#	1810'	Paceset Lite Class C	700 100	2% Cacl2 + 1/4 #/sk Cello-Seal 2% Cacl2
PRODUCTION	7-7/8"	4-1/2"	10.5#	5700'	Class C	125	2% Cacl2 + .6% D60 + 1/4 #/sk D

ADDITIONAL CEMENTING/SQUEEZE RECORD					
Purpose:	Depth		Type of Cement	# Sacks Used	Type and Percent Additives
	Top	Bottom			
<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	5611' - 5616' (5')	250 Gal 15% NE-FE Acid 5611-5616
		500 Gal 7-1/2% NE-FE Acid 5611-5616

TUBING RECORD		Size	Set At	Packer At	Liner Run
		NA			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj.				Producing Method	
				<input 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	Mcf	Water Bbls. Gas-Oil Ratio Gravity

Disposition of Gas: **METHOD OF COMPLETION**

<input type="checkbox"/> Vented	<input type="checkbox"/> Sold	<input type="checkbox"/> Used on Lease	<input type="checkbox"/> Open Hole	<input type="checkbox"/> Perf.	<input type="checkbox"/> Dually Comp.	<input type="checkbox"/> Commingled
(If vented, submit ACO-18)			<input type="checkbox"/> Other (Specify) _____			

Production Inter. 5611' - 5616'