

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

Operator: License # 5952
Name: Amoco Production Company
Address PO Box 800 Room 924
Denver, CO 80201
City/State/Zip
Purchaser: N/A
Operator Contact Person: Susan R. Potts
Phone 303-830-5323
Contractor: Name: Cheyenne Drilling
License: 5382
Wellsite Geologist: Austin Garner

Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD SLOW 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 _____ PBTD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____
8-2-95 8-13-95 8-13-95
Spud Date Date Reached TD Completion Date

API No. 15 - 187-20782-0000
County Stanton
SW - NW - NE Sec. 13 Twp. 30S Rge. 40 E
900 Feet from SW (circle one) Line of Section
2200 Feet from EW (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW, or SW (circle one)
Lease Name K.M. Veil Well # 1-13
Field Name Wildcat
Producing Formation Dry
Elevation: Ground 3236' KB 3247'
Total Depth 5825' PBTD Dry
Amount of Surface Pipe Set and Cemented at 1705' Feet
Multiple Stage Cementing Collar Used? Yes X
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ SX

Drilling Fluid Management Plan D&A 924 10-17-95
(Data must be collected from the Reserve Pit)
Chloride content 1950 ppm Fluid Volume 3200 barrels
Dewatering method used Dried and Filled
Location of fluid disposal if hauled offsite: _____
Operator Name _____
Lease Name _____ License No. _____
Quarter Sec. Twp. S.Rng. E
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 to the best of my knowledge.

Signature Susan R. Potts
Title Senior Staff Assistant Date September 13, 1995
Subscribed and sworn to before me this 13th day of September, 1995
Notary Public Donna J. Monroe
Date Commission Expires May 4, 1999

K.C.C. OFFICE USE ONLY
F Letter of confidentiality Attached
C Wireline Log Received
C Drillers Timelog Received
Distribution
 KCC SWD/Rep NGPA
 KGS Plug Other JS
(Specify)

Operator Name Amoco Production Company

Lease Name K.M. Veil

Well # 1-13

County Stanton

Sec. 13 Twp. 30S Rge. 40
 East
 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 type="checkbox"/> Yes <input checked="" 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			
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Ogallala Base	690'	KB
List All E. Logs Run: High Resolution Induction, Spectral Density Dual Spaced Neutron II, Micrlog, Long Spaced Sonic, Compensated Spectral Natural Gamma Ray		Glorietta Base	1770'	
		Chase Top	2300'	
		Council Grove	2600'	
		Pennsylvanian	3035'	
		Base Heebner	3740'	
		Lansing	3860'	
		Marmaton	4460'	

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	12.25"	8.625"	24	1705'	Premium Plus Lite	585	2%CC+1/4# Floccul cel
					Premium Plus	150	2%CC+1/4# ' cel

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
None				

TUBING RECORD
None

Size _____ Set At _____ Packer At _____ Liner Run Yes No

Date of First, Resumed Production, SWD or Inj Dry Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours
Oil N/A Bbls. Gas N/A Mcf Water N/A Bbls. Gas-Oil Ratio _____ Gravity _____

Disposition of Gas:

METHOD OF COMPLETION

Production Int. 1

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

Amoco Production Company

K.M. Veil #1-13

Formations (Continued)

Name	Top
Cherokee	4660'
Morrow	5140'
Chester	5550'
St. Genevieve	5590'
St. Louis	5670'