35-31-35W

COPY

FORM MUST BE TYPED

SIDE ONE

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

Operator: License # 31269

Name: CODA ENERGY, INC.

Address 5735 Pineland, Suite 300

City/State/Zip Dallas, Texas 75231

Purchaser:

Operator Contact Person: Linda Gruver

Phone (214) 692-1800

Contractor: Name:

License:

Wellsite Geologist:

Designate Type of Completion
___ New Well ___ Re-Entry X Workover
Reclass
___ Oil ___ SWD ___ SIGW ___ Temp. Abd.
___ Gas XX ENHR ___ SIJW
___ Dry ___ Other (Core, WSW, Expl., Cathodic, etc)
Water injection well

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

Operator: Mobil Oil Corporation

Well Name: RAY BARTON #4

Comp. Date 2/11/87 Old Total Depth 6300

___ Deepening ___ Re-perf. XX Conv. to Inj/SWD
___ Plug Back ___ PBTD
___ Commingled Docket No.
___ Dual Completion Docket No.
X Other (SWD or Inj?) Docket No. E-27,120

10-10-95 Date of START OF WORKOVER | Date Reached TD | 10/11/95 Completion Date of WORKOVER

API NO. 15- 189-20953 0001

County Stevens

SW - NW - SE - ___ Sec. 35 Twp. 31S Rge. 35 ___E XX W

1924' Feet from (S)/N (circle one) Line of Section

2037' 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 CUTTER SOUTH MISSISSIPPIAN UNIT Well # 1104

Field Name Cutter South

REPRESSURED
~~Producing~~ Formation Mississippian (Chester)

Elevation: Ground 2986' KB 2997'

Total Depth 6300' PBTD 6257'

Amount of Surface Pipe Set and Cemented at 1764' Feet

Multiple Stage Cementing Collar Used? ___ Yes ___ No

If yes, show depth set ___ Feet

If Alternate II completion, cement circulated from ___

feet depth to ___ w/ ___ sx cmt.

Drilling Fluid Management Plan REWORK JH 3-20-96
(Data must be collected from the Reserve Pit)

Chloride content ___ ppm Fluid volume ___ bbls

Dewatering method used ___

Location of fluid disposal if hauled offsite:

Operator Name ___

Lease Name ___ License No. ___

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

County ___ Docket No. ___

RECEIVED
JAN 29 1996

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 Linda Gruver

Title Regulatory Administrator Date 1/19/96

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

Notary Public Janis C. Burrow

Date Commission Expires 12/9/96

JANIS C. BURROW
Notary Public, State of Texas
My Commission Expires
DEC. 9, 1996.

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)

IS

Form ACO-1 (7-91)

SIDE TWO

Operator Name CODA ENERGY, INC. Lease Name CUTTER SOUTH MISSISSIPPIAN UNIT Well # 1104

Sec. 35 Twp. 31S Rge. 35 ☐ East ☒ West County Stevens

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.)	☐ Yes	☒ No	☐ Log	Formation (Top), Depth and Datums ☐ Sample
Samples Sent to Geological Survey	☐ Yes	☒ No	Name	Top Datum
Cores Taken	☐ Yes	☒ No		
Electric Log Run (Submit Copy.)	☐ Yes	☒ No		
List All E.Logs Run:				

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"	24#	1764'	Lite Cl C	800	6% gel + 2% CaCl
PRODUCTION	7-7/8"	5-1/2"	14#	6300'	Class H	665	2% gel + 5% salt

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth Top	Depth 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 Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
	6030'-6044'		

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2-3/8"	5964'	5964'	☐ Yes ☒ No

Date of First, Resumed Production, SWD or Inj. Awaiting approval of injection permit

Producing Method ☐ Flowing ☐ Pumping ☐ Gas Lift ☐ Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas: ☐ Vented ☐ Sold ☐ Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION ☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled ☐ Other (Specify) _____

Injection ~~Production~~ Interval 6030'-6044'