FORM MUST BE TYPED

SIDE ONE 9-31S-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 # 5208

Name: Mobil Oil Corporation

Address P.O. Box 2173

2319 North Kansas Avenue

City/State/Zip Liberal, KS 67905-2173

Purchaser: Spot Market

Operator Contact Person: Sharon Cook

Phone (316) 626-1142

Contractor: Name: Norseman Drilling Inc.

License: 3779

Wellsite Geologist: L. J. Reimer

Designate Type of Completion
_X_ New Well ____ Re-Entry ____ Workover

____ Oil ____ SWD ____ SIOW ____ Temp. Abd.
_X_ Gas ____ ENHR ____ SIGW
____ Dry ____ Other (Core, WSW, Expl., Cathodic, etc)

If Workover:

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. ____

11-1-95 Spud Date | 11-5-95 Date Reached TD | 11-21-95 Completion Date

API NO. 15- 189-219660000

County Stevens

____-__SE_-__NW_-__NW_ Sec. __9__ Twp. __31S_ Rge. __35__ ___E _X_W

__1250_____ Feet from S/N (circle one) Line of Section

__1300_____ 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 _Francis M. Garver Unit__ Well # ___3_____

Field Name Hugoton

Producing Formation ___Chase

Elevation: Ground ___2982_____ KB ____2990_____

Total Depth ____2923_____ PBTD ___2873_____

Amount of Surface Pipe Set and Cemented at _____598____ Feet

Multiple Stage Cementing Collar Used? _____ Yes __X___ No

If yes, show depth set _____NA_____ Feet

If Alternate II completion, cement circulated from ___NA_____

feet depth to ____NA_____ w/ _____NA_____ sx cmt.

Drilling Fluid Management Plan Alt I 5-26-96
(Data must be collected from the Reserve Pit)

Chloride content __8,700____ppm Fluid volume ___130___bbls

Dewatering method used __Waste Minimization Mud System_____

Location of fluid disposal if hauled offsite:

Operator Name __Mobil Oil Corporation

Lease Name ____Hill #3 SWDW_____License No. 5208____

__SW___ Quarter Sec.__3___ Twp.__33__S Rng.__7__E/W

County ___Stevens_____ Docket No. D-11,770

RECEIVED
KANSAS CORPORATION COMMISSION
JAN 31 1996
CONSERVATION DIVISION

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, 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 Sharon A. Cook Sharon A. Cook

Title ___Regulatory Assistant_____ Date ___1-25-96____

Subscribed and sworn to before me this _25th_ day of ___January_____, 19 96___.

Notary Public Kathleen R. Poulton

Date Commission Expires _____August 18, 1998

6-44.kcc

NOTARY PUBLIC - State of Kansas
KATHLEEN R. POULTON
My Appt. Exp. 08-18-98

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)

LS

Form ACO-1 (7-91)

SIDE TWO

Operator Name Mobil Oil Corporation Lease Name Francis M. Garver Unit Well # 3

Sec. 9 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

Samples Sent to Geological Survey ☐ Yes ☒ No

Cores Taken ☐ Yes ☒ No

Electric Log Run (Submit Copy.) ☒ Yes ☐ No

List All E.Logs Run:

Array Induction Shallow Focused Electric Log
Compensated Neutron Compensated Photo-Density Spectral Gamma Ray

☒ Log Formation (Top), Depth and Datums ☐ Sample

Name	Top	Datum
Glorietta	1240	1442
Stone Corral	1740	1794
Chase	2570	2881
Council Grove	2881	--

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 Casing	12.250	8.625	24#	598	Class C Class C	175 175	50:50 C/poz 50:50 C/poz
Production Casing	7.875	5.500	14#	2913	Class C Class C	225 150	3% D79 2% B28

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose: ____ Perforate ____ Protect Casing ____ Plug Back TD ____ Plug Off Zone	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives

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
1 SPF	2604-10	Acid: 750 gals 7.5% HCL	
	2628-43	Fracd: 29,442 gals 20# Crosslink gel	
	2674-84	140,400 lbs 12/20 Brady Sand	
	2720-40		

TUBING RECORD Size Set At Packer At Liner Run ☐ Yes ☒ No

Date of First, Resumed Production, SWD or Inj. 11-28-95 Producing Method ☒ Flowing ☐ Pumping ☐ Gas Lift ☐ Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
		550			

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

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

Production Interval 2604 - 2740