

FORM MUST BE TYPED

SIDE ONE

^{3-32P-33W}
COPY *And*

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

API NO. 15- 175-21411
County Seward
Appx. E
W/2-SW- 3 Sec. 3 Twp. 32S Rge. 33W X W

Operator: License # 3871
Name: Hugoton Energy Corporation
Address 301 N. Main, Suite 1900

1503 FSL Feet from S/N (circle one) Line of Section
4620 FEL Feet from E/W (circle one) Line of Section

City/State/Zip Wichita, KS 67202

Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW, or SW (circle one)

Purchaser: KOCH (OIL), CIBOLA (GAS)

Lease Name GRAHAM Well # 2-3

Operator Contact Person: Jim Gowens

Field Name ANG

Phone (316) 262-1522

Producing Formation MORROW/CHESTER

Contractor: Name: VAL Energy, Inc.

Elevation: Ground 2882' KB 2887'

License: 5822

Total Depth 5843' PBTB

Wellsite Geologist: Wes Hansen

Amount of Surface Pipe Set and Cemented at 1771' Feet.

Designate Type of Completion
 New Well Re-Entry Workover

Multiple Stage Cementing Collar Used? Yes No

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

If yes, show depth set _____ Feet

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

If Alternate II completion, cement circulated from NA

Operator: _____

feet depth to _____ w/ _____ sx cmt.

Well Name: _____

Drilling Fluid Management Plan ALT I 10-31-95 JK
(Data must be collected from the Reserve Pit)

Comp. Date 07/30/94 Old Total Depth _____

Chloride content 4700 ppm Fluid volume 400 bbls

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

Dewatering method used Evaporation

Location of fluid disposal if hauled offsite: _____

Spud Date 07/30/94 Date Reached TD 08/10/94 Completion Date 09/27/94

Operator Name Jim Gowens

Lease Name 11 1996 License No. NOV 1 8

Quarter _____ Sec. _____ Twp. CONF Rng. TIA E/W

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 and correct to the best of my knowledge.

Signature Jim Gowens

Title Jim Gowens, V.P. Exploration Date _____

Subscribed and sworn to before me this 17 day of Nov. 1994.

Notary Public Sarah E Reynolds

Date Commission Expires _____

SARAH E. REYNOLDS
NOTARY PUBLIC
STATE OF KANSAS
My Appl. Exp. 9-12-96

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) FS

SIDE TWO

Operator Name Hugoton Energy Corporation Lease Name GRAHAM Well # 2-3

Sec. 3 Twp. 32S Rge. 33W East West
 County SEWARD

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	<input type="checkbox"/> Log	Formation (Top), Depth and Datums	<input checked="" type="checkbox"/> Sample.
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	HEEBNER	4207	-1320
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	LANSING 'G' POROSITY	4506	-1619
List All E. Logs Run: GRN		KC 'A'	4785	-1898
		MARMATON 'A'	4965	-2076
		PAWNEE	5080	-2193
		CHEROKEE SH	5146	-2259
		MORROW SH	5502	-2615
		CHESTER SAND	5694	-2807
		ST. GEN.	5792	-2906

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#.25#	1771'	Paceset Lite Class 'C'	650	2% Cacl2 + .25 #/sk Cello
production	7-7/8"	4-1/2"	11.6#	5806'	Class C	150	10% Thixod + 10% Salt + .5% CF-2 + 5#/sk Hi Seal 2
port collar				3150'	Lite Class C	400	

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
2	5726' - 5730' (4')	500 Gal 15% NE_FE acid 5726-5730'
2	5551' - 5556' (5')	5551-5556'

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		2-3/8"	5706'					
Date of First, Resumed Production, SWD or Inj. 09/27/94				Producing Method				
				<input checked="" 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
	60		175		0			

Disposition of Gas: **METHOD OF COMPLETION**

Vented Sold Used on Lease (If vented, submit ACO-18)

Open Hole Perf. Dually Comp. Commingled

Production Interval 5726-5730'

Other (Specify) _____ 5551-5556'