

COPY *and*

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

Operator: License # 6120

Name: CABOT OIL & GAS CORPORATION

Address 9400 N. BROADWAY, SUITE 608

City/State/Zip OKLAHOMA CITY, OK 73114

Purchaser: _____

Operator Contact Person: STEVE TURK

Phone (405) 478-6501

Drill Contractor Name: ALLEN DRILLING CO.

License: 5418

Wellsite Geologist: JIM KENNEDY

Designate Type of Completion

New Well Re-Entry Workover

Oil SWD SIGW Temp. Abd.

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. _____

7/5/96 7/16/96 7/18/96

Spud Date Date Reached TD Completion Date

API NO. 15- 175-21552

County SEWARD

C - SE4 - NW4 - 21 Sec. 32S Twp. 33 Rge. X W

1980 Feet from S/N (circle one) Line of Section

1980 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 SUPREME PIZZA Well # 1-21

Field Name ANGMAN

Producing Formation D & A

Elevation: Ground 2747' KB _____

Total Depth 6000' PBTD _____

Amount of Surface Pipe Set and Cemented at 1375 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 D&A 8/4 5-12-97
(Data must be collected from the Reserve Pit)

Chloride content 9000 ppm Fluid volume 7500 bbls

Dewatering method used Evap/Dewater/Dry Out/Backfill

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

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

County _____ Docket No. _____

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 John P. Sub

Title DISTRICT PRODUCTION SUPERINTENDENT Date 8/30/96

Subscribed and sworn to before me this 30th day of AUGUST, 1996

Notary Public Chris B. Surra RECEIVED

Date Commission Expires SEPT. 2, 2000

PUBLIC
NOTARY
STATE OF
KANSAS

K.C.C. OFFICE USE ONLY			
F	<input checked="" type="checkbox"/>	Letter of Confidentiality Attached	
C	<input checked="" type="checkbox"/>	Wireline Log Received	
C	<input type="checkbox"/>	Geologist Report Received	
Distribution			
<input checked="" type="checkbox"/>	KCC	<input type="checkbox"/>	NGPA
<input checked="" type="checkbox"/>	KGS	<input type="checkbox"/>	Other
<input type="checkbox"/>	SWD/Rep	<input type="checkbox"/>	(Specify)
<input type="checkbox"/>	Plug	<input type="checkbox"/>	

SEP 03 1996

CONSERVATION DIVISION
WICHITA, KS

Operator Name CABOT OIL & GAS CORPORATION Lease Name SUPREME PIZZA Well # 1-21

Sec. 21 Twp. 32S Rge. 33 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Attach Additional Sheets.) Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy.) List All E.Logs Run: LITHO DENSITY COMPENSATED NEUTRON; MICROLOG; SONIC LOG/GR; ARRAY INDUCTION/ RXO LINEAR CORRELATION	<input checked="" type="checkbox"/> Log <input type="checkbox"/> Sample Formation (Top), Depth and Datums <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> </thead> <tbody> <tr><td>HERRINGTON</td><td>2492'</td><td></td></tr> <tr><td>WINFIELD</td><td>2598'</td><td></td></tr> <tr><td>COUNCIL GROVE</td><td>2813'</td><td></td></tr> <tr><td>BASE HEEBNER</td><td>4076'</td><td></td></tr> <tr><td>LANSING</td><td>4198'</td><td></td></tr> <tr><td>CHECKERBOARD</td><td>4532'</td><td></td></tr> <tr><td>MARMATON</td><td>4850'</td><td></td></tr> <tr><td>CHESTER LIME</td><td>5436'</td><td></td></tr> <tr><td>MORROW</td><td>5484'</td><td></td></tr> <tr><td>ST. GENEVIEVE</td><td>5750'</td><td></td></tr> <tr><td>ST. LOUIS</td><td>5842'</td><td></td></tr> </tbody> </table>	Name	Top	Datum	HERRINGTON	2492'		WINFIELD	2598'		COUNCIL GROVE	2813'		BASE HEEBNER	4076'		LANSING	4198'		CHECKERBOARD	4532'		MARMATON	4850'		CHESTER LIME	5436'		MORROW	5484'		ST. GENEVIEVE	5750'		ST. LOUIS	5842'	
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CASING RECORD <input type="checkbox"/> New <input 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"	24#	1375'	65/35 LITE	435	3% cc + 1/4# sk flocele; 2% gel, 3% CC

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 Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Depth

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or Inj. D & A Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil <u>N/A</u> Bbls.	Gas <u>N/A</u> Mcf	Water <u>N/A</u> Bbls.	Gas-Oil Ratio	Gravity
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Disposition of Gas: METHOD OF COMPLETION Production Interval

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