

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

COPY

Operator: License # 5208
Name: Exxon Mobil Oil Corporation *
Address: P. O. Box 4358
City/State/Zip: Houston, TX 77210-4358
Purchaser: _____
Operator Contact Person: Beverly Roppolo
Phone: (713) 431-1701
Contractor: Name: Key Energy
License: N. A.
Wellsite Geologist: N. A.

Designate Type of Completion: REFRAC
☐ New Well ☐ Re-Entry ☒ Workover
☒ Oil ☐ SWD ☐ SIOW ☐ Temp. Abd.
☒ Gas ☐ ENHR ☐ SIGW
☐ Dry ☐ Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:

Operator: Mobil Oil Corporation
Well Name: ROACH #1, WELL 4

Original Comp. Date: 1-12-96 Original Total Depth: 2860
~~XXX~~ HYDRAULICALLY FRACTURED ☐ Deepening ☐ Re-perf. ☐ Conv. to Enhr./SWD
☐ Plug Back ☐ Plug Back Total Depth
☐ Commingled ☐ Docket No. _____
☐ Dual Completion ☐ Docket No. _____
☐ Other (SWD or Enhr.?) ☐ Docket No. _____

8-24-01 12-8-95 8-31-01
~~DATE~~ Date of **START** Date Reached TD Completion Date of
OF WORKOVER **WORKOVER**

API No. 15 - 189-22007-000/
County: Stevens
SW NE NE Sec. 27 Twp. 32 S. R. 38 ☐ East ☒ West
1250 feet from S / (N) (circle one) Line of Section
1250 feet from (E) / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) (NE) SE NW SW
Lease Name: ROACH #1 Well #: _____
Field Name: Hugoton
Producing Formation: Chase
Elevation: Ground: 3175 Kelly Bushing: _____
Total Depth: 2860 Plug Back Total Depth: 2823
Amount of Surface Pipe Set and Cemented at 668 Feet
Multiple Stage Cementing Collar Used? ☐ Yes ☒ No
If yes, show depth set N. A. Feet
If Alternate II completion, cement circulated from N. A.
feet depth to N. A. w/ N. A. sx cm.

Drilling Fluid Management Plan REWORK 97 6/17/03
(Data must be collected from the Reserve Pit)
Chloride content N. A. ppm Fluid volume N. A. bbls
Dewatering method used _____
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West
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 of 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: Beverly Roppolo
Title: Contract Completions Admin Date: 5/22/03
Subscribed and sworn to before me this 22 day of May

2003
Notary Public: Kim Lynch
Date Commission Expires: Aug. 26, 2006



NOTARY PUBLIC, STATE OF TEXAS
MY COMMISSION EXPIRES
AUG. 26, 2006

KCC Office Use ONLY

☐ Letter of Confidentiality Attached
If Denied, Yes ☐ Date: _____
☐ Wireline Log Received

☐ Geologist Report Received

☐ UIC Distribution

KIM LYNCH

Operator Name: Exxon Mobil Oil Corporation * Lease Name: ROACH #1 Well #: 4
 Sec. 27 Twp. 32 S. R. 38 ☐ East ☒ West County: Stevens

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, line 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 test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken ☐ Yes ☒ No
 (Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes ☒ No

Cores Taken ☐ Yes ☒ No

Electric Log Run ☐ Yes ☒ No
 (Submit Copy)

List All E. Logs Run:

☐ Log Formation (Top), Depth and Datum ☐ Sample

| Name | Top | Datum |
|--------------|-------|-------|
| L. KRIDER | 2586' | 2596' |
| WINFIELD | 2641' | 2651 |
| TOWANDA | 2696' | 2711' |
| U. FT. RILEY | 2752' | 2762' |

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 | 12.250 | 8.625 | 24# | 668 | CLASS C | 360 | 50:50 c/poz |
| | | | | | | | |
| PRODUCTION | 7.875 | 5.500 | 14# | 2852 | CLASS C | 125, 75 | 3%D79, 2% B28 |

ADDITIONAL CEMENTING / SQUEEZE RECORD

| Purpose: | Depth Top 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 |
|----------------|---|---|-------|
| 1 SPF | 2586' - 2762' | FRAC'D WELL WITH | |
| | | 80Q N2 FOAM @ 80BPM | |
| | | | |
| | | | |
| | | | |

| TUBING RECORD | Size | Set At | Packer At | Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|---|---------|-------------|---|
| Date of First, Resumed Production, SWD or Enhr. | Producing Method <input 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 |

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

METHOD OF COMPLETION ☐ Open Hole ☒ Perf. ☐ Dually Comp. ☐ Commingled

Production Interval ☐ Other (Specify) _____