

FORM MUST BE TYPED

COPY

SIDE ONE

md

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

Operator: License # 31088
 Name: COLT RESOURCES CORPORATION
 Address 16701 Greenspoint Park Dr.
Suite 225
 City/State/Zip Houston, Texas 77060
 Purchaser: Farmland/Western Resources
 Operator Contact Person: Ed Childers
 Phone (281) 876-1209
 Contractor: Name: Duke Drilling Co., Inc.
 License: 5929
 Wellsite Geologist: Jerry Smith
 Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGM
 Dry Other (Core, WSW, Expl., Cathodic, etc)

Workover/Reentry: Old Well Info as follows:

Operator: _____
 Well Name: _____
 Comp. Date _____ Old Total Depth _____
 Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBDT
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____
 11-18-97 11-25-97 01-14-98
 Spud Date Date Reached TD Completion Date

API NO. 15- 007-22,545 0000
 County Barber
C - N2 - NE - NW Sec. 9 Twp. 33 Rge. 12 E W
2300 Feet from N (circle one) Line of Section
1980 Feet from E (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE, SE, NW or SW (circle one)
 Lease Name Boggs Well # 5-9
 Field Name Medicine Lodge-Boggs
 Producing Formation Mississippi Chat
 Elevation: Ground 1530' KB 1538'
 Total Depth 4990' PBDT 4975'
 Amount of Surface Pipe Set and Cemented at 214 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 Att. 1, 5-22-98 U.C.
 (Data must be collected from the Reserve Pit)

Chloride content 63,000 ppm Fluid volume 400 bbls
 Dewatering method used trucked/evaporated
 Location of fluid disposal if hauled offsite: _____
 Operator Name Bowers Drilling Co., Inc.
 Lease Name Cole SWD License No. 5435
 _____ Quarter Sec. 25 Twp. 32 S Rng. 2 E W
 County Barber Docket No. 19886

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 Ed Childers
 Title Engineer Date 3/9/98
 Subscribed and sworn to before me this 9th day of March, 19 98.
 Notary Public Dianne H. Smith
 Date 3/9/98

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

IS



DIANNE H. SMITH
 NOTARY PUBLIC, STATE OF TEXAS
 MY COMMISSION EXPIRES
 OCT 29 2001

Operator Name COLT RESOURCES CORPORATION Lease Name Boggs Well # 5-9

Sec. 9 Twp. 33S Rge. 12 East West
 County Barber

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem tests g. log 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 Shale	3664	(-2126)
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Lansing	3856	(-2318)
List All E.Logs Run:		Dennis Poro.	4247	(-2709)
DIL, FDC/CNL		Swope Poro.	4272	(-2734)
		Base Kansas City	4316	(-2778)
		Mississippi Chert	4439	(-2901)
		Mississippi Lime	4482	(-2944)
		Kinderhook Shale	4674	(-3136)
		Chattanooga Shale	4738	(-3200)
		Viola	4778	(-3240)

CASING RECORD							
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#	214'	60/40 Poz	150	3% cc 2% ge ¹
Production	7-7/8"	5-1/2"	15.5#	4990'	ASC	175	5#/sk Kolseal

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
2	4464-4444'	Acidize w/ 1250 gal FE/NE acid, 75 ball	
2	4444-4439'	sealers & 108 bbls 2% KCl water.	
		Frac w/ 5000# 100 mesh sand, 48500#	12/20
		sand, 4000# Acfrac sand & 41816 gal	Delta Frac.

TUBING RECORD	Size <u>2-3/8"</u>	Set At <u>4679'</u>	Packer At <u>N/A</u>	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj.	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
<u>01-21-98</u>				
Estimated Production Per 24 Hours	Oil Bbls. <u>16</u>	Gas Mcf <u>300</u>	Water Bbls. <u>-0-</u>	Gas-Oil Ratio <u></u>

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

METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled 4439-4464'

Production Interval: Other (Specify) _____