

1-33-19W

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

Operator: License # 3882

Name: Samuel Gary, Jr. and Assoc., Inc.

Address 1670 Broadway, Ste 3300City/State/Zip Denver, CO 80202Purchaser: Kansas Gathering SystemOperator Contact Person: Craig AmblerPhone (303) 831 4673Contractor: Name: n/a

License: \_\_\_\_\_

Wellsite Geologist: \_\_\_\_\_

Designate Type of Completion

 New Well  Re-Entry  Workover

<input type="checkbox"/> Oil	<input type="checkbox"/> SWD	<input type="checkbox"/> SIOW	<input type="checkbox"/> Temp. Abd.
<input checked="" type="checkbox"/> Gas	<input type="checkbox"/> ENHR	<input type="checkbox"/> SIGW	
<input type="checkbox"/> Dry	<input type="checkbox"/> Other (Core, WSW, Expl., Cathodic, etc)		

If Workover:

Operator: Samuel Gary, Jr. and Assoc., Inc.Well Name: Phillips #1-7Comp. Date 7/28/95 Old Total Depth 6400

<input type="checkbox"/> Deepening	<input checked="" type="checkbox"/> Re-perf.	<input type="checkbox"/> Conv. to Inj/SWD
<input checked="" type="checkbox"/> Plug Back	<u>5500</u>	<input type="checkbox"/> PBTD
<input type="checkbox"/> Cummiled		Docket No. _____
<input type="checkbox"/> Dual Completion		Docket No. _____
<input type="checkbox"/> Other (SWD or Inj?)		Docket No. _____

<u>9/18/95</u>	<u>n/a</u>	<u>9/27/95</u>
Spud Date	OF START	Date Reached TD
Completion Date OF OF WORKOVER		

API NO. 15- 3320905000County Comanche— NW — SW — NE Sec. 1 Twp. 33 Rge. 19 E1500 Feet from S/N (circle one) Line of Section2000 Feet from E/W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

 SE, NW or SW (circle one)Lease Name Phillips Well # 1-7Field Name WildcatProducing Formation Mississippian OsageElevation: Ground 2048 KB 2061Total Depth 6400 PBD 5500Amount of Surface Pipe Set and Cemented at 646 FeetMultiple 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  
(Data must be collected from the Reserve Pit)

Chloride content \_\_\_\_\_ ppm Fluid volume \_\_\_\_\_ bbls

Dewatering method used \_\_\_\_\_

Location of fluid disposal if hauled offsite: \_\_\_\_\_

Operator Name \_\_\_\_\_

Lease Name \_\_\_\_\_ License No. \_\_\_\_\_

1/1 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 Sam GaryTitle PresidentDate 11/19/96Subscribed and sworn to before me this 11 day of January, 1996.Notary Public Samuel GaryDate Commission Expires 11/19/96

K.C.C. OFFICE USE ONLY  
 F Letter of Confidentiality Attached  
 C Wireline Log Received  
 C Geologist Report Received

Distribution

<input checked="" type="checkbox"/> KCC	<input type="checkbox"/> SWD/Rep	<input type="checkbox"/> NGPA
<input type="checkbox"/> KGS	<input type="checkbox"/> Plug	<input checked="" type="checkbox"/> Other (Specify) <u>F</u>

Operator Name Samuel Gary, Jr. and Assoc., Inc. Lease Name Phillips Well # 1-7  
 East County Comanche  
 Sec. 1 Twp. 33 Rge. 19  West

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log Formation (Top), Depth and Datums	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Same as original ACO-1	
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
List All E.Logs Run: No new logs run			

**COPY**

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

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	
	3 Bridge plugs	Cast Iron	5700, 5615, 5500
4	5624-5644		
4	5561-5571	1000 gal 15% MCA	5561-5571
4	5284-5312, 5272-5278	1000 gal 15% MCA	5272-5312

TUBING RECORD	Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	2 3/8	5261	5261		

Date of First, Resumed Production, SWD or Inj. 9/28/95	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
	1	270	0	270000	.655

Disposition of Gas:	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, submit ACO-18.)	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	5272'-5644'