

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

API NO. 15- 065-21,163-0001 ORIGINAL *and*

County Graham

- - - SW/4 Sec. 35 Twp. 9S Rge. 22 ^E X ^W

990 Feet from S/W (circle one) Line of Section

4290 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 Collison Well # 5

Field Name Brassfield

Producing Formation Lansing

Elevation: Ground 2238' KB _____

Total Depth 3845' PBDT 3820'

Amount of Surface Pipe Set and Cemented at 249 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 DUWO, 9-16-98 U.C.
(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. _____

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

County _____ Docket No. _____

Operator License # 31566

Name: Benchmark Oil & Gas Corporation

Address 1515 Arapahoe St, Suite 580
Tower One

City/State/Zip Denver, CO 80202

Purchaser: NCRA

Operator Contact Person: Christa Trujillo

Phone (303) 595-9251

Contractor: Name: Murfin

License: _____

Wellsite Geologist: _____

Designate Type of Completion
____ New Well ____ Re-Entry X Workover

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

If Workover/Reentry: Old Well Info as follows:

Operator: _____

Well Name: _____

Comp. Date 10-12-79 Old Total Depth _____

____ Deepening ____ Re-perf. X Conv. to Inj/SLS
____ Plug Back _____ PBDT
____ Comingled _____ Docket No. _____
____ Dual Completion _____ Docket No. _____
X Other (S/W or Inj?) Docket No. E-27,583

8-5-98 8-20-98
Spud Date of _____ Date Reached TD _____ Completion Date _____
Workover. of workover.

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 207B, 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 Christa Trujillo
Title Production Coordinator Date 9/3/98

Subscribed and sworn to before me this 3rd day of September, 19 98.

Notary Public Marcia M. Steiner
Date Commission Expires _____ My Commission Expires 03/11/2002

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 _____ IS Other (Specify)

644683

ORIGINAL

SIDE TWO

Operator Name Benchmark Oil & Gas Corp.

Lease Name Callison

Well # 5

Sec. 35 Twp. 9S Rge. 22

East
 West

County Graham

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 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 Datums Sample
Name Top Datum

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

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
	2-3/8" Duraline	3670'	3670'	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SLD or Inj.	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
8/20/98	INJ.			
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 injection ~~Production Interval~~

Open Hole Perf. Dually Comp. Commingled

Other (Specify) _____