

ORIGINAL ORIGINAL

SIDE ONE

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

Operator: License # 6033

Name: Murfin Drilling Co./Douglas MacFee

Address 250 N. Water  
Suite 300

City/State/Zip Wichita, KS 67202

Purchaser: \_\_\_\_\_

Operator Contact Person: Jack E. Goss

Phone (316) 267-3241

Contractor: Name: Murfin Drilling Co.

License: 6033

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

Designate Type of Completion  
 New Well  Re-Entry  Workover

Oil  SWD  Temp. Abd.  
 Gas  Inj  Delayed Completion  
 Dry  Other (Core, Water Supply, etc)

If OWMO: old well info as follows:

Operator: \_\_\_\_\_

Well Name: \_\_\_\_\_

Comp. Date \_\_\_\_\_ Old Total Depth \_\_\_\_\_

Drilling Method:  
 Mud Rotary  Air Rotary  Cable

04-10-90 04-14-90 04-14-90  
Spud Date Date Reached TD Completion Date

API NO. 15- 039-20,865-00-00

County Decatur

App N/2 SE NE Sec. 3 Twp. 2S Rge. 27W East West

3630 Ft. North from Southeast Corner of Section

650 Ft. West from Southeast Corner of Section  
(NOTE: Locate well in section plat below.)

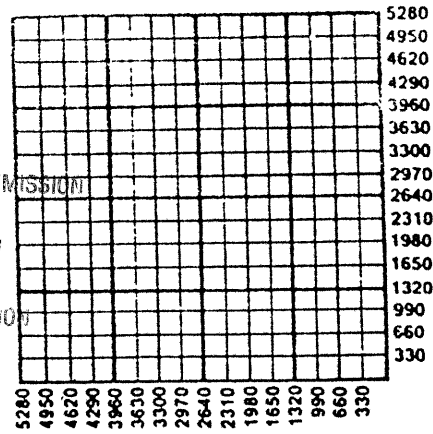
Lease Name MacFee Well # 1

Field Name Wildcat

Producing Formation \_\_\_\_\_

Elevation: Ground \_\_\_\_\_ KB \_\_\_\_\_

Total Depth 3680 PBTD \_\_\_\_\_



Amount of Surface Pipe Set and Cemented at 272 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.

RECEIVED  
STATE CORPORATION COMMISSION  
11-26-91  
NOV 26 1991

AIT DPA

INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date of any well. Rule 82-3-130, 82-3-107 and 82-3-106 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 drillers time log 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. Any recompletion, workover or conversion of a well requires filing of ACO-2 within 120 days from commencement date of such work.

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 [Signature]

Title Jack E. Goss, Drilling Manager Date 4-26-90

Subscribed and sworn to before me this 26th day of April, 19 90.

Notary Public Melanie Rau  
Melanie Rau 4-18-93

K.C.C. OFFICE USE ONLY  
F  Letter of Confidentiality Attached  
C  Wireline Log Received  
C  Drillers TimeLog Received  
  
Distribution  
 KCC  SWD/Rep  NGPA  
 KGS  Plug  Other (Specify)

Date Commission Expires  
MELANIE RAU  
NOTARY PUBLIC  
STATE OF KANSAS  
My Appt. Exp. 4-18-93

**SIDE TWO**

Operator Name Murfin Drilling Co./Douglas Macfee Lease Name MacFee Well # 1

Sec. 3 Twp. 2S Rge. 27W  East  West County Decatur

**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.)

**Formation Description**

Log  Sample

Name \_\_\_\_\_ Top \_\_\_\_\_ Bottom \_\_\_\_\_

**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 1/4"	8-5/8"		272'	60/40 Poz	195	3% cc

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

<b>TUBING RECORD</b>	Size _____ Set At _____ Packer At _____	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First Production: \_\_\_\_\_ Producing Method  Flowing  Pumping  Gas Lift  Other (Explain) \_\_\_\_\_

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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**Disposition of Gas:**  Vented  Sold  Used on Lease (If vented, submit ACO-18.)

**METHOD OF COMPLETION**

Open Hole  Perforation  Dually Completed  Commingled

Other (Specify) \_\_\_\_\_

Production Interval \_\_\_\_\_