

ORIGINAL

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

API NO. 15- 147-205800000

County Phillips

SE - NE - SE Sec. 14 Twp. 2S Rge. 19 X W

1650 Feet from S/X (circle one) Line of Section

330 Feet from E/X (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)

Lease Name Kats SWDW Well # _____

Field Name _____

Producing Formation N/A

Elevation: Ground 2157 KB 2162

Total Depth 1800 PBTD _____

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 1792

feet depth to Surface w/ 400 sx cmt.

Drilling Fluid Management Plan A1-F-2, 2-11-98 v.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 # 31514

Name: Thoroughbred Associates

Address 10 Colonial Court

City/State/Zip Wichita, KS 67207

Purchaser: N/A

Operator Contact Person: Robert C. Patton

Phone (316) 685-1512

Contractor: Name: Murfin Drilling Co.

License: 30606

Wellsite Geologist: N/A

Designate Type of Completion
 New Well Re-Entry Workover

Oil SWD SIOW Temp. Abd.

Gas ENHR SIGW

Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Deepening Re-perf. Conv. to Inj/SWD

Plug Back _____ PBTD

Commingled _____ Docket No. _____

Dual Completion _____ Docket No. _____

Other (SWD or Inj?) _____ Docket No. _____

8-9-97 8-10-97 8-26-97

Spud Date Date Reached TD Completion Date

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 Robert C. Patton

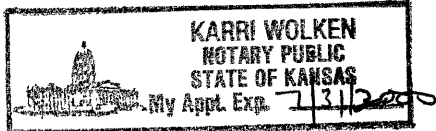
Title Robert C. Patton Date 8-28-97

Subscribed and sworn to before me this 28 day of August, 19 97.

Notary Public Karri Wolken

Date Commission Expires July 31, 2000

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



Operator Name Thoroughbred Associates Lease Name Kats SWD Well # _____

Sec. 14 Twp. 2S Rge. 19 East West
 County Phillips

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:
G. R. Neutron

Log Formation (Top). Depth and Datums Sample

Name Top Datum

No Tops

ORIGINAL

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
Surface		8 5/8		214'	60/40 poz	145	2% gel 3% cc
Production		4 1/2		1792'	50/50 poz	400	6% gel
						(272	down backside)

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
	1353-1432		

TUBING RECORD		Size <u>2 3/8</u>	Set At <u>1338'</u>	Packer At <u>1338'</u>	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj. <u>September 1997</u>			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: METHOD OF COMPLETION *injection* ~~Production~~ Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled 1353

(If vented, submit ACO-18.) Other (Specify) _____ 1432

PHILLIPS COUNTY RECORDS

ALLIED CEMENTING CO., INC.

8188

Federal Tax I.D.# ~~XXXXXXXXXX~~

15-147 20580-00-00

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

ORIGINAL

SERVICE POINT:

R

DATE <u>8-10-97</u>	SEC. <u>14</u>	TWP. <u>25</u>	RANGE <u>19W</u>	CALLED OUT	ON LOCATION	JOB START <u>10:30 P.M.</u>	JOB FINISH <u>11:00 A.M.</u>
LEASE <u>Katz</u>	WELL # <u>SWD</u>	LOCATION <u>Phillsburg 6W64N</u>	COUNTY <u>Phillips</u>	STATE <u>Ks</u>			
OLD OR NEW (Circle one)							

CONTRACTOR Martin Doly

TYPE OF JOB production string

HOLE SIZE 7 7/8 T.D. 1800

CASING SIZE 4 1/2 DEPTH 1792

TUBING SIZE DEPTH 31

DRILL PIPE DEPTH 1761

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT 32

CEMENT LEFT IN CSG.

PERFS.

DISPLACEMENT 9.5 27 1/2 BBL

OWNER Same

CEMENT

AMOUNT ORDERED 400 50/30 6% gel

14 lb Phos seal per sk

COMMON	<u>200</u>	@	<u>6.35</u>	<u>1270.00</u>
POZMIX	<u>200</u>	@	<u>3.25</u>	<u>650.00</u>
GEL	<u>20</u>	@	<u>9.00</u>	<u>180.00</u>
CHLORIDE		@		
<u>3/8 seal</u>	<u>100</u>	@	<u>1.15</u>	<u>115.00</u>
		@		
		@		
		@		
HANDLING		@	<u>1.05</u>	<u>420.00</u>
MILEAGE	<u>Delta / Seb / Nido</u>			<u>1200.00</u>
TOTAL				<u>3815.00</u>

EQUIPMENT

177 Dave

PUMP TRUCK CEMENTER Glen

HELPER

BULK TRUCK

DRIVER

BULK TRUCK

254 DRIVER Jason

REMARKS:

plug bathole w/ 15 sk

Cement Circulated

Witnessed by

Steve Funk Cementor

Keith Lambert Tool pusher

WJL prod man

SERVICE

DEPTH OF JOB			
PUMP TRUCK CHARGE			<u>1080.00</u>
EXTRA FOOTAGE	@		
MILEAGE	<u>75</u>	@	<u>2.95</u>
PLUG <u>4 1/2 rubber plug</u>	@		<u>38.00</u>
	@		
	@		
TOTAL <u>1331.75</u>			

CHARGE TO: Throughbred associates

STREET 10 Colonial Court

CITY Wichita STATE Kansas ZIP 67207

FLOAT EQUIPMENT

<u>1 Guide Shoe</u>	@		<u>140.00</u>
<u>1 AFA Insert</u>	@		<u>235.00</u>
<u>4 Centrifuges</u>	@	<u>53.00</u>	<u>212.00</u>
<u>1 Basket</u>	@		<u>129.00</u>
	@		
TOTAL <u>716.00</u>			

To Allied Cementing Co., Inc.

You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

SIGNATURE [Signature]

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME _____

