

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

API NO. 15- 023- 20,317 -00-00

County Cheyenne

SW- NW SE- Sec. 20 Twp. 2S Rge. 41 XX

1400 Feet from S (circle one) Line of Section

2310 Feet from E (circle one) Line of Section

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

Lease Name Northrup 101 Well # 20-10-1

Field Name Wildcat

Producing Formation Dry hole

Elevation: Ground 3670' KB _____

Total Depth 1738' PBSD _____

Amount of Surface Pipe Set and Cemented at 370' Feet

Multiple Stage Cementing Collar Used? Yes X No _____

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cmt.

Operator: License # 30201

Name: Hillin-Simon Oil Company

Address P. O. Box 1552

City/State/Zip Midland, TX 79702

Purchaser: _____

Operator Contact Person: Stan Venable

Phone (915) 682-2202

Contractor: Name: Crandall Drilling, Inc.

License: 30480

Wellsite Geologist: _____

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/Re-Entry: old well info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

_____ Deepening _____ Re-perf. _____ Conv. to Inj/SWD
_____ Plug Back _____ PBSD
_____ Commingled _____ Docket No. _____
_____ Dual Completion _____ Docket No. _____
_____ Other (SWD or Inj?) _____ Docket No. _____

11-11-91 11-12-91 11-13-91
Spud Date Date Reached TD Completion Date

Drilling Fluid Management Plan
_____ (Data must be collected from the Reserve Pit)

_____ content 350 ppm Fluid volume 175 bbls

_____ Watering method used evaporation

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

_____ 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, 200 Colorado Derby Building, 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.

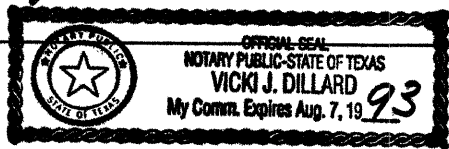
Signature Stan Venable Stan Venable

Title Staff Operations Engineer Date 2-3-92

Subscribed and sworn to before me this 3rd day of February 19 92

Notary Public Vicki J. Dillard

Date Commission Expires _____



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 _____ Other (Specify)

Operator Name Hillin-Simon Oil Company Lease Name Northrup 101 Well # 20-10-1

Sec. 20 Twp. 2S Rge. 41 East West
 County Cheyenne

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.)

Log Formation (Top), Depth and Datum Sample
 Name Top Datum
Niobrara
(Beecher Island Zone)

List All E.Logs Run:
 CNL-CDL-GR-sonic-DI

CASING RECORD <input type="checkbox"/> New <input checked="" 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 3/4"	7"	17	370'	Portland	73	None

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					

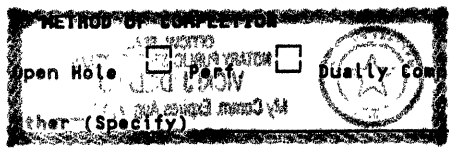
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)	Depth

TUBING RECORD Size Set At Packer At Liner Run Yes No

Date of First, Resumed Production, SWD or Inj. DRY HOLE Producing Method Flowing Pumping Gas Lift Other (Explain)

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.) Open Hole Partly Dusty Comp. Commingled Other (Specify) _____ Production Interval _____



WELL DATA
 FIELD _____ SEC. **20** TWP. **25** RNG. **41W** COUNTY **Cheyenne** STATE **KS**

FORMATION NAME _____ TYPE _____
 FORMATION THICKNESS _____ FROM _____ TO _____
 INITIAL PROD: OIL _____ BPD. WATER _____ BPD. GAS _____ MCFD
 PRESENT PROD: OIL _____ BPD. WATER _____ BPD. GAS _____ MCFD
 COMPLETION DATE _____ MUD TYPE _____ MUD WT. _____
 PACKER TYPE _____ SET AT _____
 BOTTOM HOLE TEMP. _____ PRESSURE _____
 MISC. DATA _____ TOTAL DEPTH _____

	NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
CASING	U	20	7"	KB	370'	
LINER						
TUBING	DP	13.30	3 1/2	KB	430'	
OPEN HOLE						SHOTS/FT.
PERFORATIONS			50 SKS	430	30	
PERFORATIONS			10 SKS	30	6L	
PERFORATIONS						

JOB DATA

CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE 11/13	DATE 11/13	DATE 11/13	DATE 11/13
TIME 1500	TIME 1830	TIME 1900	TIME 1945

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR		
FLOAT SHOE		
GUIDE SHOE		
CENTRALIZERS		
BOTTOM PLUG		
TOP PLUG		
HEAD DP Pm 3/2 LF	1EA	MOSS
PACKER		
OTHER		

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
JEVEDSTED	RU	STERLING, CO
W Goss	75-C3	STERLING, CO
D Silver	51853	Brighton, CO
	15243	

MATERIALS

TREAT. FLUID _____ DENSITY _____ LB/GAL-API
 DISPL. FLUID _____ DENSITY _____ LB/GAL-API
 PROP. TYPE _____ SIZE _____ LB.
 ACID TYPE _____ GAL. _____ %
 SURFACTANT TYPE _____ GAL. _____ IN.
 NE AGENT TYPE _____ GAL. _____ IN.
 FLUID LOSS ADD. TYPE _____ GAL.-LB. _____ IN.
 GELLING AGENT TYPE _____ GAL.-LB. _____ IN.
 FRIC. RED. AGENT TYPE _____ GAL.-LB. _____ IN.
 BREAKER TYPE _____ GAL.-LB. _____ IN.
 BLOCKING AGENT TYPE _____ GAL.-LB. _____ IN.
 PERFPAC BALLS TYPE _____ QTY. _____
 OTHER _____

DEPARTMENT **Cont.**
 DESCRIPTION OF JOB **DTA**
 JOB DONE THRU: TUBING CASING ANNULUS TBG/ANN.
 CUSTOMER REPRESENTATIVE **X J. O'Neil**
 HALLIBURTON OPERATOR **James D. Veech**
 COPIES REQUESTED **1**

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
A	30	60/40	Portman B	63601	1/4" # Floccid	1.54	15.6
B	10	60/40	Portman B	63601	1/4" # Floccid	1.52	15.6

RECEIVED
 DATE CORPORATION COMMISSION
 FEB 12 1992
 CONSERVATION DIVISION
 WICHITA, KANSAS

PRESSURES IN PSI

SUMMARY

VOLUMES

CIRCULATING _____ DISPLACEMENT _____
 BREAKDOWN _____ MAXIMUM _____
 AVERAGE _____ FRACTURE GRADIENT _____
 SHUT-IN: INSTANT _____ 5-MIN. _____ 15-MIN. _____
 ORDERED _____ AVAILABLE _____ USED _____
 AVERAGE RATES IN BPM _____
 TREATING _____ DISPL _____ OVERALL _____
 CEMENT LEFT IN PIPE _____
 FEET **370'** REASON **DTA**

PRESLUSH: BBL-GAL _____ TYPE _____
 LOAD & BKDN: BBL-GAL _____ PAD: BBL-GAL _____
 TREATMENT: BBL-GAL _____ DISPL: BBL-GAL **1/2, 1/2**
 CEMENT SLURRY: BBL-GAL **14, 3**
 TOTAL VOLUME: BBL-GAL _____
 REMARKS _____

CUSTOMER **HTH**
 LEASE **Abundant**
 WELL NO. **20-10-1**
 JOB TYPE **DTA**
 DATE **11/13/91**

JOB LOG

WELL NO. 20-10-1 LEASE Northway

TICKET NO. 062309

CUSTOMER Hillier-Simon Oil Co.

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JOB TYPE PTP

DATE 11/13/91

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1520							Called out
	1830							on loc
	1900	1-6	6					Hyd Ahead
		6	14					Mix cement (50 SUS)
		3	1/2					Pump 10 GAL to Disp
								Plug from 430' to 30'
								Plug 1/2
		1-6	6					Hyd Ahead
		6	3					Mix cement
	1935	3	1/2					Disp Out
								2nd Plug Down
								105 lbs head 1999
								30' to 66'

RECEIVED
REGISTRATION COMMISSION
NOV 22 1991
REGISTRATION DIVISION
STATE OF KANSAS

Halliburton
Simon
Oil Co.