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API NO. 15- 179-21,072-00-00

STATE CORPORATION COMMISSION OF KANSAS OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM	County Sheridan
ACO-1 WELL HISTORY DESCRIPTION OF WELL AND LEASE	Appx NW - NW - NW Sec. 36 Twp. 6 Rge. 26 X W
Operator: License #5663	500 Feet from (circle one) Line of Section
Name: Hess Oil Company	600 Feet from (circle one) Line of Section
AddressP. 0. Box 1009	Footages Calculated from Nearest Outside Section *Corner: NE, SE, NW or SW (circle one)
City/State/Zip McPherson, KS 67460	Lease Name Shipley Well # 1
Purchaser:	Field Name
Operator Contact Person: Bryan Hess	Producing Formation
Phone (<u>316</u>) <u>241-4640</u>	Elevation: Ground <u>2643'</u> KB <u>2648'</u>
Contractor: Name:Mallard JV, Inc.	Total Depth PBTD
License: 4958	Amount of Surface Pipe Set and Cemented at Feet
Wellsite Geologist:James C. Hess	Multiple Stage Cementing Collar Used? Yes No
	If yes, show depth setFeet
Designate Type of Completion 	If Alternate II completion, cement circulated from
OilSWDSIOWTemp. Abd.	feet depth to sx cmt.
X Dry Other (Core, WSW, Expl., Cathodic, etc)	Drilling Fluid Management Plan カネム いっつってもしん(Data must be collected from the Reserve Pit)
If Workover:	The state of the s
Operator:	Chloride content <u>3,000</u> ppm Fluid volume <u>140</u> bbls
Well Name:	Dewatering method used <u>Evaporation</u>
Comp. Date Old Total Depth	Location of fluid disposal if hauled offsite:
Deepening Re-perf. Conv. to Inj/SWD Plug Back PBTD	Operator Name
Plug Back PBTD Commingled Docket No. Dual Completion Docket No.	Lease NameLicense No
Other (SWD or Inj?) Docket No.	Quarter Sec TwpS RngE/W
9/24/94 10/1/94 10/1/94 Spud Date Date Reached TD Completion Date	
Spud Date Date Reached TD Completion Date	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
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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.

	where and connect to the best of in			
Signature Deck of	less			
TitleDick Hess, Vice-PresidentDate12/28/94				
Subscribed and sworn to before me this <u>28th</u> day of <u>December</u> , 19 <u>94</u> . Notary Public <u>Super Herri</u>				
Date Commission Expires	NOTARY PUBLIC - State of Kansas BRYAN K. HESS My Appt. Exp. 3-26-97			

"IGNIT	TON ON	12-20		
K.C. F Lette	.C. OFFICE USE ONL er of Confidential	Y itv Attached		
C Wirel	line Log Received			
Georg	ogist Report Recei	ved		
Distribution				
KCC KGS	SWD/Rep	NGPA		
KGS	Plug	Other (Specify)		

SIDE TWO

Operator Name <u>He</u>	ss Oil Company	•	Lease Name	Shipley		Well #	1
	, l	East	County	Si	her idan		
Sec. <u>36</u> Twp. <u>6</u>	Rge. <u>26</u>	-X West					
INSTRUCTIONS: Show interval tested, time hydrostatic pressures, if more space is need	mportant tops e tool open a bottom hole te	and base of formati nd closed, flowing imperature, fluid reco	and shut-in pres	sures, wheti	ner shut-in pre	ssure read	ched static level
Drill Stem Tests Take (Attach Additional		X Yes No	□ Log	Formation	n (Top), Depth	and Datums	x Sample
Samples Sent to Geolo	gical Survey	X Yes No	Name		Тор		Datum
Cores Taken		Yes X No	Anhydr i te		2259		(+389)
Electric Log Run (Submit Copy.)		X Yes No	Base Anhy Topeka Heebner Lansing	drite/	2291 3577 3730 3770	; ;	(+357) (-929) (-1082) (-1122)
List All E.Logs Run:	Radiation Gua	nrd	Base Kans RTD	sas City	3967 3984	,	(-1319) (-1336)
	Report al	CASING RECORD	New X Us		production, etc	c_	***************************************
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"	20#	338′	60/40 Poz	160	2% gel, 3% cc
	ADDITIONAL C	EMENTING/SQUEEZE REC	ORD			***************************************	
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	-	Type and Percen	t Additive	s
Protect Casing Plug Back TD Plug Off Zone							
Shots Per Foot		RECORD - Bridge Plu e of Each Interval			Fracture, Shot, d Kind of Mater		ueeze Record Depth
TUBING RECORD	Size	Set At	Packer At	Liner Run			
Date of First, Resum	ed Production,	SWD or Inj. Produ	ucing Method	. П.	Yes U		
Estimated Production	Oil	Bbls. Gas	Mcf Water		mping □ Gas L Gas-Oil		her (Explain)
Per 24 Hours							
Disposition of Gas: Vented Sold		COMPLETION Door	Hole Perf.	,	Comp Comp		
(If vented, sub			(Specify)	•	•	ingtea	

P.O. BOX 1009 McPHERSON, KANSAS 67460-1009 (316) 241-4640

ACO-1 Completion Form Attachment

SHIPLEY #1 Approx. NW NW NW, Sec. 36-6-26W, Sheridan County, KS API #15-179-21,072-00-00

DST #1

Interval: 3780'-3820'. Times: 30-30-10-0. Initial blow - slid tool 5' when opened, 1-1/2" blow decreasing & died. Final blow - no blow, pulled tool. Recovered 60' Mud. Pressures: IH 1819#, IF 67-59#, ISI 447#, FF 82-0#, FSI 0#, FH 1798#. BHT 112F.

DST #2

Interval: 3820'-3910'. Times: 30-30-10-0. Initial blow - weak 1/2" decreasing to 1/4". Final blow - no blow. Recovered 15' Mud. Pressures: IH 1930#, IF 67-67#, ISI 893#, FF 94-0#, FSI 0#, FH 1813#. BHT 108F.



ORICIMAL

Phone 913-483-2627, Russell, KS Phone 316-793-5861, Great Bend, KS Phone 913-625-5516, Hays, KS Phone 913-672-3471, Oakley, KS Phone 316-886-5926, Medicine Lodge, KS Phone 913-798-3843, Ness City, KS

ALLIED CEMENTING CO., INC. 64.7758

New	H	lome Office P. O. Box 31	Russell, Kansas 67665
			Called Out On Location Job Start Finish
^	Sec.		
Date 9-	24-94 36	65 26w 8	3:00PM 11:00PM 1:00Am 1:30A
Lease SHIP	Ley Well No.	#/ Location S7	TUDLEY DN ZW SHERDAN KANSAS
Contractor	NAMARD DRI	LG. Rig #2	Owner
Type Job	SURFACE		To Allied Cementing Co., Inc. You are hereby requested to rent cementing equipment and furnish
Hole Size	2 1/4	T.D. 3387	cementer and helper to assist owner or contractor to do work as listed-
Csg. 8 5	8 20#	Depth 3381	Charge To FSS () 6
Tbg. Size		Depth	Street
Drill Pipe		Depth	
			City State
Tool		Depth	The above was done to satisfaction and supervision of owner agent or contractor.
Cement Left in C	Csg. 15 - 20	Shoe Joint	Purchase Order No.
Press Max.	,	Minimum Division 1 51 881	- 15 mm:11
Meas Line	323	Displace / 21 50	CEMENT
Perf.	**************************************		
EQUIPMENT		M)Trip	Amount 180 SK 6940 276 Grov 376 C
	EQUIPME	- 74.1	Consisting of
14 N	No. Cementer	140	Common
Pumptrk 17	7 Helper	9.1.10	Poz. Mix
	To. Cementer		Gel.
Pumptrk	Helper		Chloride
	Driver	ason	Quickset
Bulktrk # 16	,0	- Gran	
Bulktrk	Driver		Sales Tax
			Handling
DEPTH of Job			
Reference:	V J		Mileage
	Tump /RO	ICK CHRG	Sub Total
1-85/8	WOODEN	PLUG	
		Sub Total	Total Floating Equipment
		Tax	
		Total	
Remarks:			
	Cemer	nT CIRCULATE	<u> </u>
		1	bA
		Mad	
		7/9/	

ORIGINAL

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Phone 913-625-5516, Hays, KS Phone 913-672-3471, Oakley, KS Phone 316-886-5926, Medicine Lodge, KS Phone 913-798-3843, Ness City, KS

ALLIED CEMENTING CO., INC. 00.8355

Russell, Kansas 67665 VEW Range On Location Sec. Called Out ſwp. Job Start Finish 36 County State Well No. Contractor Owner To Allied Cementing Co., Inc. Type Job You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed. Hole Size T.D. Charge Csg. Depth Tbg. Size Depth Street Drill Pipe Depth City State Tool The above was done to satisfaction and supervision of owner agent or Depth contractor. Cement Left in Csg. Shoe Joint Purchase Order No. Press Max. Minimum Meas Line Displace CEMENT Perf. 160/40-6906el Amount Ordered **EQUIPMENT** Consisting of No. Cementer Common Poz. Mix Pumptrk Helper Gel. No. Cementer Chloride Pumptrk Helper Quickset Driver Bulktrk Bulktrk Driver Sales Tax Handling DEPTH of Job Mileage Reference: Sub Total Total Sub Total Floating Equipment Tax Total Remarks: