

COPY

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

RECEIVED
SEP 28 1999
9-29-99

Operator License # 06417
Name: Union Pacific Resources Company
Address: P. O. Box 7
MS 2901
City/State/Zip Fort Worth, Texas 76101-0007

Purchaser: C/G
Operator Contact Person: Ann Weatherford
Phone: (817)321-7578
Contractor Name: Post & Martin
License:
Wellsite Geologist:

Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD SLOW Temp.Abd
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl, Cathodic, etc)

If Workover:
Operator: Union Pacific Resources Company
Well Name: Ohmes #2-22
Comp. Date: 12-21-88 Old Total Depth: 5200
Deepening re-perf. Conv.to Inj/SWD
 Plug Back 3600-3750 PBTB
Commingled Docket No.
Dual Completion Docket No.
Other (SWD or Inj?) Docket No.

~~Spud~~ Date: 10-19-89
Date Reached TD:
Completion Date:

API NO. 15-055-20, 835 - 0001
County Finney
NENWNW Sec. 22 Twp. 26 Rge. 32 E W

4950 Feet from S / N (circle one) Line of Section
4455 Feet from E (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)

Lease Name Ohmes Well # 2-22
Field Name Hugoton
Producing Formation Chase
Elevation: Ground 2894 KB 2904
Total Depth: 5200 PBTB
Amount of Surface Pipe Set and Cemented at 908
Multiple State 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 Re-work, 11-29-99
(Data must be collected from the Reserve Pit) J.C.

Chloride content ppm Fluid volume bbls
Dewatering method used

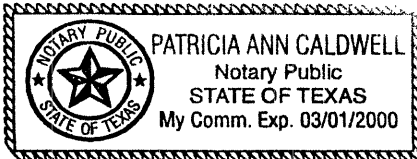
Location of fluid disposal if hauled offsite:
Operator Name
Lease Name License No.
Quarter Sec. Twp. Rng. E/W
County Docket No.

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 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: Ann Weatherford
Title: Regulatory Analyst Date: 9-28-99
Subscribed and sworn to before me this 28 day of Sept.

Notary Public: Patricia Ann Caldwell
Date Commission Expires: 03-01-2000



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

SIDE TWO

Operator Name Union Pacific Resources Company

Lease Name Ohmes Well # 2-22

Sec. 22 Twp 26 Rge 32 East West

County Finney

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, bottomhole temperature, fluid recovery, and flow rates if gas to surface during test. Attach extra sheet if more space if needed. Attach copy of log.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No (Attach Additional Sheets.) Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy.) List All E.Logs Run: <i>Gamma Ray, Dual Induction.</i>	<input type="checkbox"/> Log <input type="checkbox"/> Sample Formation (Top), Depth and Datums <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Bottom</th> <th style="text-align: left;">Datum</th> </tr> </thead> <tbody> <tr> <td>Chase</td> <td></td> <td>2669</td> <td></td> </tr> <tr> <td>Council Grove</td> <td></td> <td>2952</td> <td></td> </tr> <tr> <td>Lansing/KC</td> <td></td> <td>4088</td> <td></td> </tr> <tr> <td>Ft. Scott</td> <td></td> <td>4758</td> <td></td> </tr> <tr> <td>Morrow</td> <td></td> <td>4986</td> <td></td> </tr> <tr> <td>Mississippi</td> <td></td> <td>5066</td> <td></td> </tr> </tbody> </table>	Name	Top	Bottom	Datum	Chase		2669		Council Grove		2952		Lansing/KC		4088		Ft. Scott		4758		Morrow		4986		Mississippi		5066	
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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	Weight Lbs/Ft	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	12 1/4"	8 5/8	24#	908	Litewate	200	2% CACL
					Class C	150	2% CACL
Production	7 7/8"	5 1/2	14#	3188	50:50 Poz	870	3% KCL

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input checked="" 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
2	Chase 2672-2690, 2700-2712, 2740-2752 <i>21BP - 3600 - 3750'</i>	Acidized w/ 2500 gal. 7-1/2 HCl at 10.5 BPM Frac. W/ 65000 gal N2 foam & 150000 # 12/20 brady sand	

TUBING RECORD				Liner Run	<input type="checkbox"/> Yes <input type="checkbox"/> No
Size	Set At	Packer At			
2 3/8"	2810				
Date of First, Resumed Production, SWD or Inj.			Producing Method	<input type="checkbox"/> Flowing <input checked="" type="checkbox"/>	<input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
Established Production Per 24 hours	Oil Bbls	Gas Mcf	Water Bbls	Gas-Oil Ratio	Gravity
	0	320			
		CP 210#			

Disposition of Gas: Vented Sold Used on Lease Open Hole Perf Dually Comp. Commingled

METHOD OF COMPLETION Production Interval