

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Form ACO-1
September 1999
Form Must Be Typed

ORIGINAL

Operator: License # 33184
Name: PATINA OIL & GAS CORPORATION
Address: RT 3 BOX 203
City/State/Zip: DUNCAN, OK 73533
Purchaser: DUKE ENERGY
Operator Contact Person: JOYCE WILLIAMS
Phone: (580) 444-3408
Contractor: Name: _____
License: _____
Wellsite Geologist: _____

RECEIVED

FEB 20 2004

KCC WICHITA

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/Re-entry: Old Well Info as follows:

Operator: PATINA OIL & GAS CORPORATION
Well Name: BLACK #2-15
Original Comp. Date: 05/21/02 Original Total Depth: 6390'
____ Deepening Re-perf. ____ Conv. to Enhr/SWD
____ Plug Back ____ Plug Back Total Depth
____ Commingled Docket No. _____
____ Dual Completion Docket No. _____
____ Other (SWD or Enhr.?) Docket No. _____

<u>11/02/03</u>	<u>11/15/03</u>
Spud Date or Recompletion Date	Completion Date or Recompletion Date

API No. 15 - 175-21872-00-01
County: SEWARD
NE NE SW SW Sec. 15 Twp. 34 S. R. 31 East West
1175' feet from (S) N (circle one) Line of Section
1175' feet from E (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW (SW)
Lease Name: BLACK Well #: 2-15

Field Name: ARKALON
Producing Formation: MORROW / CHESTER
Elevation: Ground: 2482' Kelly Bushing: 2496'
Total Depth: 6390' Plug Back Total Depth: 5902'
Amount of Surface Pipe Set and Cemented at 1368' 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.

Drilling Fluid Management Plan OWWO RGR 6/11/07
(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. R. _____ East West
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 of 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: Joyce Williams
Title: Eng Tech Date: 2-13-04
Subscribed and sworn to before me this 13th day of February
20 04
Notary Public: Kimberly A Rowell

Date Commission Expires _____
KIMBERLY A. ROWELL
Stephens County
Notary Public in and for
State of Oklahoma
Commission # 02002293 Expires 2/11/06

KCC Office Use ONLY

____ Letter of Confidentiality Attached
If Denied, Yes Date: _____
____ Wireline Log Received
____ Geologist Report Received
____ UIC Distribution

X

Operator Name: PATINA OIL & GAS CORPORATION Lease Name: BLACK Well #: 2-15
 Sec. 15 Twp. 34 S. R. 31 East West County: SEWARD

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems 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 test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

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:

Log Formation (Top), Depth and Datum Sample

Name	Top	Datum
COUNCIL GROVE	2772'	KB
TOTONTO	4161'	KB
MARMATON	5006'	KB
CHEROKEE	5330'	KB
MORROW	5548'	KB
CHESTER	5682'	KB

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 SASING	12 1/4"	8 5/8"	24#	1368'	PREMIUM	925	2% Cacl, 1/8#/sx Flocele
PRODUCTION	7 7/8"	4 1/2"	11.6#	5941'	PREMIUM	300	5% Halad-322, 1/8#/sx Flocele

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
8	5700'-08' & 5714'-21'	5500 gal 15% HCL Acid	
4	5677'-82' & 5660'-67'	1000 gal 7 1/2 % HCL Acid- Frac w/ 20,000# sand + CO2 foam	
2	5872'-5900', 5856'-60', 5814'-36', 5798'-5808', 5777'-79', 5770'-72', 5734'-50'	5000 gal 15% HCL Acid- Frac w/ 3860 bbls Acid treated water w/ 45,500# Sand	

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2 3/8"	5600'		<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of First, Resumerd Production, SWD or Enhr.	Producing Method
11/22/03	<input type="checkbox"/> Flowing <input checked="" 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
	14	135	34	9643	

Disposition of Gas Vented Sold Used on Lease (If vented, Submit ACO-1B.)

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____