

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

API NO. 15-.....065-22,401-00-00.....

County...Graham.....

NE. NW. NW..... Sec. 32. Twp. 9. Rge. 22. X East West

.....4950.. Ft North from Southeast Corner of Section
.....4290.. Ft West from Southeast Corner of Section
..... (Note: Locate well in section plat below)

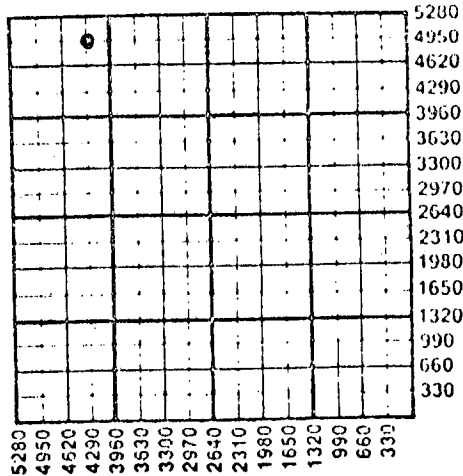
Lease Name...Farrell.....Well #.A.#1.

Field Name.....

Producing Formation.....None.....

Elevation: Ground...2374.....KB...2379.....

Section Plat



WATER SUPPLY INFORMATION

Disposition of Produced Water: _____ Disposal
Docket # _____ Repressuring

Questions on this portion of the ACO-1 call:
Water Resources Board (913) 296-3717

Source of Water:
Division of Water Resources Permit #.....

_____ Groundwater.....Ft North from Southeast Corner
(Well)Ft West from Southeast Corner of
Sec Twp Rge _____ East _____ West

_____ Surface Water.....Ft North from Southeast Corner
(Stream, pond etc).....Ft West from Southeast Corner
Sec Twp Rge _____ East _____ West

X Other (explain)...Ed Honas Hauled Water.
(purchased from city, R.W.D. #)

Operator: License #5533.....
NameArrowhead Petroleum, Inc.
Address .P.O. Box 8287, Munger Station
.....Wichita, Kansas 67208....
City/State/Zip

Purchaser.....N/A.....

Operator Contact Person Todd Seymour.....
Phone

Contractor: License #5381.....
NameHalliburton.....

Wellsite Geologist.....Todd Seymour.....
Phone.....

Designate Type of Completion
____ New Well ____ Re-Entry ____ Workover

____ Oil ____ SWD ____ Temp Abd
____ Gas ____ Inj ____ Delayed Comp.
X Dry ____ Other (Coro, Water Supply etc.)

If OWNO: old well info as follows:
Operator,
Well Name,
Comp. DateOld Total Depth.....

WELL HISTORY

Drilling Method:
____ Mud Rotary ____ Air Rotary ____ Cable

.9-11-87. 9-17-87. 9-17-87.
Spud Date Date Reached TD Completion Date

.....3880'.....
Total Depth PBD

Amount of Surface Pipe Set and Cemented at .217 feet
Multiple Stage Cementing Collar Used? ____ Yes X No
If yes, show depth set.....feet
If alternate 2 completion, cement circulated
from....KB.....feet depth to.222...w.120..SX cmt
Cement Company Name Halliburton.....
Invoice #

INSTRUCTIONS: This form shall be completed in duplicate and filed with the Kansas Corporation Commission, 200 Colorado Dorby Building, Wichita, Kansas 67202, within 90 days after completion or recompletion of any well. Rule 82-3-130 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 drillers time log shall be attached with this form. 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*Todd Seymour*.....

Title.....Geologist..... Date ..9/23/87.



Subscribed and sworn to before me this 23rd day of Sept.

19..87..

Notary Public.....*Ruth M. Bassett*.....
Ruth M. Bassett

Date Commission Expires...May 30, 1987.....

K.C.C. OFFICE USE ONLY
F _____ Letter of Confidentiality Attached
C _____ Wireline Log Received
C _____ Drillers Timelog Received
Distribution
X KCC RECEIVED
X KGS STATE CORPORATION COMMISSION
9/28/87
SEP 28 1987
Other _____
Wichita, Kansas

Sec. 32 Twp. 9. Rge. 22. W. 1

SIDE TWO

Operator Name Arrowhead Petroleum, Inc Lease Name..... Farrell A Well #..... 1

Soc..... 32.. Twp..... 9S.. Rge... 22..... East West County..... Graham

WELL LOG

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.

<p>Drill Stem Tests Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>DST#1 3658-3683 30-45-45-60 IF 38-131, FF 132-262 ICIP 543, FCIP 543 REC: 1' Free Oil 533 Salt Water (Gassy) 15' Mud</p> <p>DST#2 3814 - 3840 30-30-30-30 IF 19-19, FF 19-19 ICEP 636, FCIP 580 Rec: 15' Mud</p>	<p>Formation Description <input checked="" type="checkbox"/> Log <input type="checkbox"/> Sample</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;">Name</th> <th style="width:20%;">Top</th> <th style="width:20%;">Bottom</th> </tr> </thead> <tbody> <tr> <td>Heebner</td> <td>3598</td> <td>(-1219)</td> </tr> <tr> <td>Toronto</td> <td>3622</td> <td>(-1243)</td> </tr> <tr> <td>Lansing</td> <td>3636</td> <td>(-1257)</td> </tr> <tr> <td>BRC</td> <td>3850</td> <td>(-1471)</td> </tr> <tr> <td>RTD</td> <td>3880</td> <td>(-1503)</td> </tr> </tbody> </table>	Name	Top	Bottom	Heebner	3598	(-1219)	Toronto	3622	(-1243)	Lansing	3636	(-1257)	BRC	3850	(-1471)	RTD	3880	(-1503)
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<p>CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used</p> <p>Report all strings set-conductor, surface, intermediate, production, etc.</p>							
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#	217	60-40 Poz	120 SX	2% Gel 3% CCl
PERFORATION RECORD				Acid, Fracture, Shot, Cement Squeeze Record			
Shots Per Foot	Specify Footage of Each Interval Perforated			(Amount and Kind of Material Used)	Depth		
.....		
TUBING RECORD							
Date of First Production		Producing Method		Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No			
				<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (explain).....			
Estimated Production Per 24 Hours	Oil	Gas	Water	Gas-Oil Ratio	Gravity		
	Bbls	MCF	Bbls	CFPB			

RECEIVED
STATE CORPORATION COMMISSION

METHOD OF COMPLETION

Disposition of gas: Vented On Hole Perforated
 Sold Other (Specify)
 Used on Lease Dually Completed Conningled

SEP 28 1987
 CONSERVATION DIVISION
 Wichita, Kansas