

ORIGINAL

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

Operator: License # 5055

Name: C.H. Todd, Inc.

Address 100 S. Main, Suite 415

City/State/Zip Wichita, KS 67202

Purchaser: Duke Energy Field Services

Operator Contact Person: David Pauly

Phone (316) 264-7566

Contractor: Name: _____

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/Reentry: Old Well Info as follows:

Operator: Mustang Oil & Gas Corp.

Well Name: Tucker H #2

Comp. Date 6/27/85 Old Total Depth 5600

Deepening Re-perf. Conv. to Inj/
 Plug Back PBTB 5150
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

11-10-01 11-10-01
Spud Date Date Reached TD Completion Date

API NO. 15- 187-20391-000201

County Stanton

 - - - NW - SW Sec. 34 Twp. 30S Rge. 41 E
 X W

1980 Feet from (S)N (circle one) Line of Section

4620 Feet from (E)W (circle one) Line of Section

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

Lease Name Tucker Well # H -2

Field Name South Beauchamp

Producing Formation Morrow

Elevation: Ground 3406 KB 3415

Total Depth 5550 PBTB 5514

Amount of Surface Pipe Set and Cemented at 1554 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 AP-101-10/1/08
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used Not Necessary-Evaporated

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

Quarter Sec. _____ Twp. _____ S Rng. _____ E/W

County _____ Docket No. _____

RECEIVED
KANSAS CORPORATION COMMISSION
APR 24 2001
WICHITA, KS

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 [Signature]

Title Vice President Date 4-23-01

Subscribed and sworn to before me this 23th day of April, 2001.

Notary Public [Signature]

Date Commission Expires 12/6/04

SALLY R. RYERS
NOTARY PUBLIC
STATE OF KANSAS
My Appl. Exp. 12/6/04

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 C.H. Todd, Inc. Lease Name Tucker Well # H-2

Sec. 34 Twp. 30S Rge. 41 East West
 County Stanton

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
 Electric Log Run Yes No (Submit Copy.)
 List All E.Logs Run: CND, DF, MICRO, SONIC

Log Formation (Top), Depth and Datums Sample
 Name Top Datum

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		8-5/8	24	1554	light/H	560/150	
Production	7 7/8"	4 1/2"	10.5	5550	50-50	150	

ADDITIONAL CEMENTING/SQUEEZE RECORD					
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives	
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
1210-1250	Cedar Hill 4 SPF		
5428-5440	Keyes Sand 2 SPF (opened by removing CIBP)		
5101-5116	Upper Morrow isolated by packers		

TUBING RECORD	Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	2-3/8"	5389'	5389/1267		
Date of First, Resumed Production, SWD or Inj.	Producing Method		<input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
1-6-01	Estimated Production Oil Bbls.	Gas Mcf	Water 2500 Bbls.	Gas-Oil Ratio	Gravity
Per 24 Hours					

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

METHOD OF COMPLETION: Other (Specify) _____

Production Interval: _____

(If vented, submit ACO-18.)