

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

AMENDED

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 33097
 Name: Southern Star Central Gas Pipeline
 Address: 4700 Hwy. 56 P. O. Box 20010
 City/State/Zip: Owensboro, Kentucky 42304-0010
 Purchaser: _____
 Operator Contact Person: Charles McConnell
 Phone: (270) 852-4489
 Contractor: Name: Consolidated Oilwell Services Inc.
 License: 31440
 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/Re-entry: Old Well Info as follows:
 Operator: Southern Star Central Gas Pipeline
 Well Name: North Welda # 6
 Original Comp. Date: 2/23/1928 Original Total Depth: 944'
 _____ 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. ran 4.5" liner
 9/3/2004 _____ 9/3/2004
 Spud Date or _____ Date Reached TD _____ Completion Date or
 Recompletion Date _____ Recompletion Date

API No. 15 - 15-003-19430-00-01
 County: Anderson
SW-SW NE-SW Sec. 21 Twp. 21 S. R. 19 East West
1624 feet from (S) N (circle one) Line of Section
2427 feet from (E) W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: North Welda Gas Storage Well #: 6
 Field Name: North Welda Gas Storage
 Producing Formation: Colony Sandstone
 Elevation: Ground: 1070' Kelly Bushing: _____
 Total Depth: 944' Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at _____ Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from _____
 feet depth to WO-Dlg - 7/24/08 _____ sx cmt.

Drilling Fluid Management Plan
 (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: Charles McConnell
 Title: Principal Engineer Date: 06/01/2006

Subscribed and sworn to before me this 1st day of June,
 2006
 Notary Public: Shelley R. Price
 Date Commission Expires: 10-30-2009

KCC Office Use ONLY **RECEIVED**
JUN 12 2006
KCC WICHITA
 Letter of Confidentiality Received
 If Denied, Yes Date: _____
 _____ Wireline Log Received
 _____ Geologist Report Received
 _____ UIC Distribution

Operator Name: Southern Star Central Gas Pipeline Lease Name: North Welda Gas Storage Well #: 6
 Sec. 21 Twp. 21 S. R. 19 East West County: Anderson

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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Cement Bond Log - submitted to KCC Underground Porosity Storage Staff	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input checked="" 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	NA						
production	9"	7"	20	842'	Class A	NA	
liner	inside 7" casing	4.5"	10.5#	830'	OWC	93	

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 <i>(Amount and Kind of Material Used)</i>		Depth

TUBING RECORD		Size	Set At	Packer At	Liner Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.			Producing Method <input type="checkbox"/> Flowing <input 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

Disposition of Gas Vented Sold Used on Lease *(If vented, Submit ACO-18.)*

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

Production Interval 842'-944'

