

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

Operator: License # 30606
Name: Murfin Drilling Co., Inc.
Address 250 N. Water, Suite 300
City/State/Zip Wichita, KS 67202
Purchaser: _____
Operator Contact Person: Larry M. Jack
Phone (316) 267-3241
Contractor: Name: Murfin Drilling Co., Inc.
License: 30606

STATE CORPORATION COMMISSION
RECEIVED
NOV 7 2000
CONSERVATION DIVISION
Wichita, Kansas

Wellsite Geologist: Paul Gunzelman
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: _____
Well Name: _____
Comp. Date _____ Old Total Depth _____
 Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBDT
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____
2/27/00 3/4/00 3/4/00
Spud Date Date Reached TD Completion Date

API NO. 15-039-20913-0000
County Decatur
~~NW~~ ^{N2} ~~NE~~ -SE Sec. 3 Twp. 3S Rge 26 X W
2080 Feet from (S)N (circle one) Line of Section
1280 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 Hix Well # I-3
Field Name Unknown
Producing Formation LKC
Elevation: Ground 2596' KB 2601'
Total Depth 3905' PBDT _____
Amount of Surface Pipe Set and Cemented at 310 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 PvA JAR 7/16/07
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume 2500 bbls
Dewatering method used Evaporation
Location of fluid disposal if hauled offsite: _____
Operator Name _____
Lease Name _____ License No. _____
_____ Quarter Sec. _____ Twp. _____ S 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 Larry M. Jack
Title Larry M. Jack, Production Manager Date Nov 6, 2000
Subscribed and sworn to before me this 6th day of _____
2000.
Notary Public Barbara J. Dodson
Date Commission Expires 12/16/03

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)

BARBARA J. DODSON
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. _____

Operator name Murfin Drilling Co., Inc.

Lease Name Hix Well # 1-3

Sec.3 Twp.3 S Rge. 26W

East
 West

County Decatur

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 (Attach Additional Sheets.) Yes <input checked="" type="checkbox"/> No Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run (Submit Copy.) List all E.Log <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Log Formation (Top), Depth and Datums Sample Name Top Datum
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CASING RECORD <u> </u> New <u> </u> 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	12¼"	8⅝"	24#	301	Comm.	225	3% cc, 2% gel
Production							

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top/Btm	Type of Cement	# Sacks Used	Type and Percent Additives
<u> </u> Perforate				
<u> </u> Protect Csg				
<u> </u> Plug Back TD				
<u> </u> 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

TUBING RECORD Size Set At Packer At	Liner <input type="checkbox"/> Yes No
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Date of First, Resumed Production, SWD or Inj.	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other
Estimated Production Per 24 Hours	Oil Bbls Gas Mcf Water Bbls. Gas-Oil Ratio Gravity

Disposition of Gas: **METHOD OF COMPLETION** Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
 (If vented, submit ACO-18.) Other (Specify) _____