

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

API NO. 15- 125 - 29970 - 0000

Operator: License # 4172
Name: UCG STORAGE, INC.
Address P.O. BOX 650205

City/State/Zip DALLAS, TX 75265-0205

County MONTGOMERY
SE - SW - NW - XXX E
Sec. 4 Twp. 34S Rge. 17 W

3000 S Feet from S/XX(circle one) Line of Section
950 W Feet from XX/E(circle one) Line of Section

Purchaser: NA
Operator Contact Person: MATTHEW FRIHART
Phone (972) 855-3098

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

Contractor: Name: MOKAT DRILLING
License:
Wellsite Geologist: KENTON HUPP

Lease Name SOUTH LIBERTY Well # 2

Field Name LIBERTY

Designate Type of Completion
 New Well Re-Entry Workover
 Oil SMD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

Producing Formation SQUIRREL

Elevation: Ground 757 KB

Total Depth 534 PBDT

Amount of Surface Pipe Set and Cemented at 22 Feet

Multiple Stage Cementing Collar Used? Yes XXXX No

If yes, show depth set Feet

If Alternate II completion, cement circulated from

feet depth to w/ sq. cat.

If Workover/Reentry: Old Well Info as follows:

Drilling Fluid Management Plan
(Date must be collected from the Reserve Pit)

AIR DRILLED

Chloride content ppm Fluid volume bbls

Dewatering method used RECEIVED
KANSAS CORPORATION COMMISSION

Location of fluid disposal if hauled offsite:

Operator Name AUG 03 2000

Lease Name License No. OIL & GAS CONSERVATION DIVISION
WICHITA, KS

Quarter Sec. Twp. S Rng. E/W

County Docket No.

Operator:
Well Name:
Comp. Date Old Total Depth
 Deepening Re-perf. Conv. to Inj/SMD
 Plug Back PBDT
 Commingled Docket No.
 Dual Completion Docket No.
 Other (SMD or Inj?) Docket No.
5-4-2000 5-16-2000
Spud Date Date Reached TD Completion Date

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 Kenton Hupp
Title CONSULTING ENGINEER Date 7/21/2000

Subscribed and sworn to before me this 21 day of July, 2000.

Notary Public Alma Hupp

Date Commission Expires 1/19/08

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
 KCC SMD/Rep NGPA
 KGS Plug Other
(Specify)

ALMA HUPP
Notary Public - State of Kansas
My Appt. Expires

Operator Name UCG STORAGE, INC. Lease Name SOUTH LIBERTY Well # 2

Sec. 4 Twp. 34S Rge. 17 East West County MONTGOMERY

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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 (Submit Copy.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No List All E.Logs Run: CBL DIL CDN GRN	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum SQUIRREL 475
--	---

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	12 1/4"	8 5/8					
PRODUCTION	7 7/8"	5 1/2	15.5	469	CIRC.		

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
OPEN HOLE	469-534	NATURAL	

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

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 _____

CONSOLIDATED INDUSTRIAL SERVICES, INC.
 211 W. 14TH STREET, CHANUTE, KS 66720
 316-431-9210 or 800-467-8676

ORIGINAL

TICKET NUMBER 10514

LOCATION Biville

FOREMAN Harold Reed

TREATMENT REPORT

DATE <u>5-9-00</u>	CUSTOMER ACCT #	WELL NAME <u>Liberty South #2</u>	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
CHARGE TO <u>United Cities</u>				OWNER				
MAILING ADDRESS				OPERATOR				
CITY				CONTRACTOR				
STATE		ZIP CODE		DISTANCE TO LOCATION				
TIME ARRIVED ON LOCATION				TIME LEFT LOCATION				

WELL DATA	
HOLE SIZE <u>7 7/8"</u>	TOTAL DEPTH
CASING SIZE <u>5 1/2"</u>	CASING DEPTH <u>471'</u>
CASING WEIGHT	CASING CONDITION
TUBING SIZE	TUBING DEPTH
TUBING WEIGHT	TUBING CONDITION
PACKER DEPTH	PERFORATIONS
SHOTS/FT	OPEN HOLE
TREATMENT VIA	

RECEIVED
 KANSAS CORPORATION COMMISSION
 AUG 03 2000
 CONSERVATION DIVISION
 WICHITA, KS

TYPE OF TREATMENT	
<input type="checkbox"/> SURFACE PIPE	<input type="checkbox"/> ACID BREAKDOWN
<input checked="" type="checkbox"/> PRODUCTION CASING	<input type="checkbox"/> ACID STIMULATION
<input type="checkbox"/> SQUEEZE CEMENT	<input type="checkbox"/> ACID SPOTTING
<input type="checkbox"/> PLUG & ABANDON	<input type="checkbox"/> FRAC
<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> FRAC + NITROGEN
<input type="checkbox"/> MISC PUMP	<input type="checkbox"/> FOAM FRAC
<input type="checkbox"/> OTHER	<input type="checkbox"/> NITROGEN

PRESSURE LIMITATIONS		
	THEORETICAL	INSTRUCTED
SURFACE PIPE		
ANNULUS LONG STRING		
TUBING		

INSTRUCTIONS PRIOR TO JOB

JOB SUMMARY

DESCRIPTION OF JOB EVENTS. Got circulation ran 1 gal w/balls then 75 lbs Portland 290 calcine 290 gel 1/4" Flt dropped plug displaced to 471'. Shoe wouldn't set, did 30 min. MIT at 350# shut in.

PRESSURE SUMMARY	
BREAKDOWN or CIRCULATING	psi
FINAL DISPLACEMENT	psi
ANNULUS	psi
MAXIMUM	psi
MINIMUM	psi
AVERAGE	psi
ISIP	psi
5 MIN SIP	psi
15 MIN SIP	psi

TREATMENT RATE	
BREAKDOWN BPM	
INITIAL BPM	
FINAL BPM	
MINIMUM BPM	
MAXIMUM BPM	
AVERAGE BPM	
HYD HHP = RATE x PRESSURE x 40.8	

AUTHORIZATION TO PROCEED

TITLE

DATE

CONSOLIDATED INDUSTRIAL SERVICES, INC.
 211 W. 14TH STREET, CHANUTE, KS 66720
 316-431-9210 OR 800-467-8676

ORIGINAL

TICKET NUMBER 13224

LOCATION Permian

FIELD TICKET

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
5-9-00		L. 6001, S. 40 #2						
CHARGE TO <u>United Cities</u>				OWNER				
MAILING ADDRESS				OPERATOR				
CITY & STATE				CONTRACTOR				

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT
5401	1	PUMP CHARGE <u>Production casing</u>		475.00
5402	471'	Footage HYDRAULIC HORSE POWER		47.10
1102	3-60	Calcium		60.70
1118	2505	gal		31.50
1107	150	Flu. seal		33.55
1105	150	Hulls		11.50
4405	1	5 1/2 plug		79.00
4119	1	5 1/2 flu. seal		114.00
4109	3	2 1/2 core lines		87.00
RECEIVED				
KANSAS CORPORATION COMMISSION				
		STAND BY TIME		
		MILEAGE	AUG 03 2000	
		WATER TRANSPORTS		
5502	3 hrs.	VACUUM TRUCKS	CONSERVATION DIVISION	165.00
		FRAC SAND	WICHITA, KS	
1104	7500	CEMENT		615.00
		NITROGEN	1.00	49.78
5407	1	TON-MILES		125.00
ESTIMATED TOTAL				1853.73

NSCO #15097

CUSTOMER or AGENTS SIGNATURE

CIS FOREMAN [Signature]

CUSTOMER or AGENT (PLEASE PRINT)

DATE 5-9-00