

ORIGINAL

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 - 29971-00-00

County MONTGOMERY

S/2-SE-NW - Sec. 4 Twp. 34S Rge. 17 ^{XXX} E/W

3000 S Feet from ~~S~~ (circle one) Line of Section

1950 W 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 SOUTH LIBERTY Well # 3

Field Name LIBERTY

Producing Formation SQUIRREL

Elevation: Ground 760 KB

Total Depth 573 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/ _____ sx cnt.

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

AIR 2-DIG-02/23/09

AIR DRILLED

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used _____

Location of fluid disposal if hauled offsite:

AUG 03 2000

Operator Name _____

Lease Name _____

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

County _____ Docket No. _____

Operator: License # 4172

Name: UCG STORAGE, INC.

Address P.O. BOX 650205

City/State/Zip DALLAS, TX 75265-0205

Purchaser: NA

Operator Contact Person: MATTHEW FRIHART

Phone (972) 855-3098

Contractor: Name: MOKAT DRILLING

License: _____

Wellsite Geologist: KENTON HUPP

Designate Type of Completion
 New Well Re-Entry Workover

Oil SMD SLOW Temp. Abd.
 Gas ENHR SIGM
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Reentry: Old Well Info as follows:

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 5-17-2000
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 207B, 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.

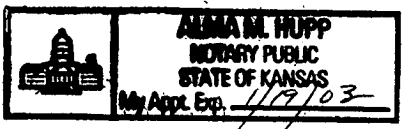
Signature Kenton Hupp
Title CONSULTING ENGINEER Date 7/21/00

Subscribed and sworn to before me this 21 day of July

Notary Public Alma Hupp

Date Commission Expires 1/19/03

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)



Operator Name UCG STORAGE, INC. Lease Name SOUTH LIBERTY Well # 3

Sec. 4 Twp. 34 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 Yes No
 (Attach Additional Sheets.)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
 (Submit Copy.)

List All E.Logs Run: CBL
 DIL
 CDN
 GRN

Log Formation (Top), Depth and Datums Sample

Name	Top	Datum
SQUIRREL	490	

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	494	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	494 - 573	NATURAL	

TUBING RECORD	Size	Set At NA	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
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)			
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

Production Interval Other (Specify) _____

ORIGINAL

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

TICKET NUMBER **12143**
 LOCATION Barthesville
 FOREMAN Tracy L. Williams

TREATMENT REPORT

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
5-5-00		Liberty South #3		4	34S	12E	Montgomery	
CHARGE TO <u>U.C.G. Storage</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>1 7/8</u>
TOTAL DEPTH	<u>497</u>
CASING SIZE	<u>5 1/2</u>
CASING DEPTH	<u>497</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
 CONSERVATION DIVISION
 WICHITA, KS
 AUG 03 2000

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 Broke circulation, ran gel with bull-, then ran 80% cement. Shut down & washed up behind plug then pumped plug to bottom. Set float shoe & put 50psi on well for 30 min. Released pressure & shut in.

PRESSURE SUMMARY	
BREAKDOWN or CIRCULATING	psi <u>0</u>
FINAL DISPLACEMENT	psi <u>300</u>
ANNULUS	psi
MAXIMUM	psi <u>1200</u>
MINIMUM	psi
AVERAGE	psi
ISIP	psi
5 MIN SIP	psi
15 MIN SIP	psi <u>550</u>

TREATMENT RATE	
BREAKDOWN BPM	<u>7</u>
INITIAL BPM	<u>4</u>
FINAL BPM	<u>7</u>
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 13333

LOCATION Bartlesville

FIELD TICKET

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
5-5-00		Liberty 2nd #3		4	34S	17E	Montgomery	
CHARGE TO <u>U.C.G. Storage</u>				OWNER				
MAILING ADDRESS				OPERATOR				
CITY & STATE				CONTRACTOR				

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT
5401-40	1	PUMP CHARGE <u>Leaktone</u>		475.00
5405-40	10%	<u>Additional Well discount</u>		-47.50
		HYDRAULIC HORSE POWER		
1105-40	1 sks	<u>Cottonseed Hulls</u>		11.50
1118-40	3 sks	<u>Premium Gel</u>		31.50
1102-40	3 sks	<u>Calcium Chloride</u>		90.30
1107-40	1 sks	<u>Flc Seal</u>		32.55
4109-10	3	<u>5/8 Centralizers</u>		27.00
4119-10	1	<u>5/8 Float Shoe</u>		114.00
4401-40	1	<u>5/8 Rubber Plug</u>		39.00
RECEIVED KANSAS CORPORATION COMMISSION				
AUG 03 2000				
		STAND BY TIME	CONSERVATION DIVISION	
		MILEAGE	WICHITA, KS	
		WATER TRANSPORTS		
5509-40	2 hrs	VACUUM TRUCKS		165.00
		FRAC SAND		
1104-40	20 sks	CEMENT		620.00
			Tax	69.05
		NITROGEN		
		TON-MILES		

NSCO #15007

ESTIMATED TOTAL 1240.40

CUSTOMER or AGENTS SIGNATURE _____ CIS FOREMAN Tracy L. W. Chan

CUSTOMER or AGENT (PLEASE PRINT) _____ DATE _____