

FORM MUST BE TYPED

SIDE ONE

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 - 29968-0000

County MONTGOMERY

SW - NW - NE - XXX E
Sec. 28 Twp. 33S Rge. 17 W

900 N. Feet from S/N (circle one) Line of Section

2150 E. 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 NORTH LIBERTY Well # 302

Field Name LIBERTY

Producing Formation SQUIRREL

Elevation: Ground 764 KB _____

Total Depth 549 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 cmt.

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

AIR DRILLED

Chloride content _____ ppm Fluid volume _____ bbls

Desulfuring method used _____

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

_____ Quarter Sec. _____ Twp. _____ SWCHITA, KS 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
XX New Well _____ Re-Entry _____ Workover

_____ Oil _____ S/W _____ S/W _____ Temp. Abd.
_____ Gas _____ ENHR _____ SIGW
_____ Dry XXX 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/S/W
_____ Plug Back _____ PBDT

_____ Commingled _____ Docket No. _____

_____ Dual Completion _____ Docket No. _____

_____ Other (S/W or Inj?) _____ Docket No. _____

5-3-2000 _____ 5-16-2000
Spud Date _____ Date Reached TD _____ Completion Date

APP'D by - 7/25/09

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AUG 03 2000

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, 2000.

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 _____ S/W/Rep _____ NCPA
_____ KGS _____ Plug _____ Other (Specify)

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

Operator Name UCG STORAGE, INC. Lease Name NORTH LIBERTY Well # 302
 Sec. 28 Twp. 33S 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 | <input type="checkbox"/> Log Formation (Top), Depth and Datums | <input type="checkbox"/> Sample |
| Samples Sent to Geological Survey | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Name | Top |
| Cores Taken | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | SQUIRREL | 477 |
| Electric Log Run (Submit Copy.) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Datum |
| List All E.Logs Run: | CBL DIL CDN GRN | | |

| 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 | 480 | 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 | 480-549 | NATURAL | |

| | | | | | |
|--|---|---------|-------------|---------------|--|
| TUBING RECORD | Size | Set At | Packer At | Liner Run | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | NA | | | |
| Date of First, Resumed Production, S&D 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: **METHOD OF COMPLETION** **Production Interval**

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled _____

(If vented, submit ACO-18.) Other (Specify) _____

ORIGINAL

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

TICKET NUMBER 10549
LOCATION Billville
FOREMAN Harold Reed

TREATMENT REPORT

| | | | | | | | | |
|-----------------------------------|-----------------|--------------------------|---------|----------------------|-----|-----|--------|-----------|
| DATE <u>5-8-00</u> | CUSTOMER ACCT # | WELL NAME <u>#302</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>481'</u> |
| CASING WEIGHT | |
| CASING CONDITION | |
| TUBING SIZE | |
| TUBING DEPTH | |
| TUBING WEIGHT | |
| TUBING CONDITION | |
| PACKER DEPTH | |
| PERFORATIONS | |
| SHOTS/FT | |
| OPEN HOLE | |
| TREATMENT VIA | |

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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 2 gal w/hulls then 75 lbs Portland 290 gel, 590 salt, 5# gilsonite, 1/4" flo. Drapped plug displaced to 481' set shoe Did MIT at 300' for 30 min released pressure 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 11898

LOCATION Beardsley

FIELD TICKET

| | | | | | | | | |
|-----------------------------------|-----------------|-------------------|---------|------------|-----|-----|----------------|-----------|
| DATE 5-4-00 | CUSTOMER ACCT # | WELL NAME 4302 | QTR/QTR | SECTION | TWP | RGE | COUNTY M.G. | FORMATION |
| CHARGE TO <u>United States</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 Production casing | | 475.00 |
| 5402 | 491' | Footage | | 48.10 |
| | | HYDRAULIC HORSE POWER | | |
| 1105 | 1sk | hulls | | 11.50 |
| 1115 | 2sk | gel | | 31.50 |
| 1110 | 7sk | gilsomine | | 123.50 |
| 1111 | 150 ^{lb} | salt | | 30.00 |
| 1107 | 1sk | flow seal | | 33.55 |
| 4405 | 1 | 5 1/2 plug | | 39.00 |
| 4119 | 1 | 5 1/2 float shoe | | 114.00 |
| 4109 | 3 | 5 1/2 centralizer | | 87.00 |
| RECEIVED KANSAS CORPORATION COMMISSION AUG 03 2000 CONSERVATION DIVISION WICHITA, KS | | | | |
| | | STAND BY TIME | | |
| | | MILEAGE | | |
| | | WATER TRANSPORTS | | |
| 5502 | 4 hrs | VACUUM TRUCKS | | 220.00 |
| | | FRAC SAND | | |
| 1104 | 7500 | CEMENT 1000 | | 615.00 |
| | | NITROGEN | 6.00 | 59.60 |
| 5407 | 1 | TON-MILES | | 175.00 |
| ESTIMATED TOTAL | | | | 2016.77 |

CUSTOMER or AGENTS SIGNATURE _____ CIS FOREMAN H. J. J.

CUSTOMER or AGENT (PLEASE PRINT) _____ DATE 5-4-00

NSCO #15087