

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

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: D. Mark Rouse
Phone: (270) 852-4490
Contractor: Name: _____
License: _____
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: Gerbrand-Pulse
Well Name: Wellman # 1
Original Comp. Date: 10-28-1937 Original Total Depth: 3325'
____ 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. Converted to Gas Storage
8/14/1960 10/6/1960
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 159-19171-00-0001
County: Rice
W. SW SW Sec. 22 Twp. 21 S. R. 9 East West
395 401 feet from S N (circle one) Line of Section
5093 5104 feet from E W (circle one) Line of Section
KCC GPS footages Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Alden Well #: 0-13
Field Name: Alden Gas Storage Field
Producing Formation: Kansas City Ls. (observation well)
Elevation: Ground: 1666 Kelly Bushing: _____
Total Depth: 3325 Plug Back Total Depth: 2930
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 _____ w/ _____ sx cmt.

Drilling Fluid Management Plan P+HA KGR 2/12/08
(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: D. Mark Rouse
Title: Staff Geologist Date: 12-2-2005
Subscribed and sworn to before me this 19th day of July
20 06
Notary Public: Melley A Payne
Date Commission Expires: 10-30-2009

KCC Office Use ONLY

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: Alden Well #: 0-13
 Sec. _____ Twp. 22 S. R. 9 East West County: Rice

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 Yes No
 (Attach Additional Sheets)
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy)

Log Formation (Top), Depth and Datum Sample
 Name Top Datum

List All E. Logs Run:

Vertilog
GRN

RECEIVED
JUL 24 2006

KCC WICHITA

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 Casing		16"	NA	49'		NA	
Production Casing		7"		3313'	Class A	445	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing				
___ Plug Back TD				
___ 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
2	2439-2447		
2	2461-2485		
2	2617-2622		
2	2626-2636		
2	2642-2661		

TUBING RECORD		Size	Set At	Packer At	Liner Run
					<input 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 _____

Production Interval Other (Specify) _____

April 3, 2006

Alden 0-13

While witnessing the logging of Alden 0-13, I found SSC's tab summary on 0-13 isn't correct. The correct well data is listed below.

0-13

Perforations are:

2620-2680

2470-2490

2443-2447

TD- 2690

Cement Plug- 2718

Mike Cooper

Facility Permit # S-018

Well Type: Injection Withdrawal Observation Inj-W/draw Inj-W/draw-Obsrv

Lease: _____ Well # 013 Well Spot: _____

Well API: 15-159-191200-00 Sec. 22 Twp. 21 Rg 9 E/W

Storage Field Name: Olden Storage 395 Ft from the South Sec. Line

County Name: Rice 5093 Ft from East Sec. line

Maximum authorized storage pressure 1120 psig GPS location _____

Operator Name: Southern Star Central Gas Operator License Number: 33097

Operator Address: 1600 N 13th St Contact Person: J. Well

Blackwell, Okla. 74653 Telephone NO. 580-363-7316

Casing & Cementing

	Conductor	Surface	Production	Tubing	PC/DV tool	Squeeze
Size		<u>16</u>	<u>7</u>		CIBP (s)	
Setting depth		<u>49</u>	<u>2718</u>			
Sxs Cmt		<u>NA</u>	<u>250</u>			
Cmt top		<u>NA</u>	<u>0</u>			
Cmt bottom		<u>49</u>	<u>2718</u>			
Total Depth:		<u>2718</u>				
		PBTD				
Tubing-type/depth						Packer-type/depth

Gas Storage zone(s): Kansas City lime Depth interval 2443/2680 Perforated or Open hole Perforated

MIT Type: Pressure Test Alternate Test Casing or Annulus test

Pressure Test: Pressure test conducted with Water Gas

Time: Start _____ Min. _____ Min. _____ Min. _____

Pressures: _____ Set up 1 System Pres. During test _____ psig

_____ Set up 2 Annular Pres. During test _____ psig

_____ Set up 3 Pressure Loss during test _____ psig

The bottom of the tested zone is shut in with _____

Test Date: 4-3-2006 Using Baker-Hughes Company's Equipment

Pressure MIT Passed _____ Next MIT _____ yrs Pressure MIT Failed _____ Retest in _____ days

State Agent: Michael Cooper Title UPGS Tech Witnessed Yes No

Comments: Again Shut in This well was shut in 5-6-06

The Operator hereby certifies that the interval between 0 feet and 2665 feet was the interval tested. leg Well Storage Tech

Signature of Operator's Designated Representative _____ Title _____

Alternate Test:

Check which type of log/survey run

Temperature Survey Gamma Ray Neutron Tracer survey,

Noise Log Casing Inspection Log Combination Surveys

Operator must submit copies of surveys and logs with interpretation report

Alternate test evaluation: UPGS Comments on anomalies & metal loss: No Anomalies

Highest % 72 Depth 1060 Previous % N/A Corrosion rate _____

Alternate MIT Passed _____ Alternate MIT Failed

Next MIT test in _____ Yrs; MIT Failed re-test within 90 days.

Original _____ Dist Off. _____ Operator _____ Logged in RBDMS

Handwritten initials/signature