

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

RECEIVED
NOV 21 2005
KCC WICHITA
ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

Operator: License # 32864
Name: XTO Energy Inc.
Address: 210 Park Ave., Suite 2350
City/State/Zip: Oklahoma City, Oklahoma 73102
Purchaser: Oneok Field Services Company
Operator Contact Person: Bruce Hankins
Phone: (405) 319-3208
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: XTO Energy Inc
Well Name: Rooney 1-I
Original Comp. Date: 08-27-1997 Original Total Depth: 2869'
____ 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. _____

<u>06-19-1997</u>	<u>06-21-1997</u>	<u>07-29-2004</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

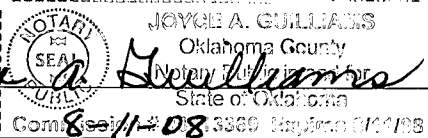
API No. 15 - 093-21587-00-01
County: Kearny
C-NE Sec. 22 Twp. 22 S. R. 35 East West
3960 feet from N (circle one) Line of Section
1320 feet from W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Rooney Well #: 11-22
Field Name: Hugoton
Producing Formation: Chase
Elevation: Ground: 3044' Kelly Bushing: 3050'
Total Depth: 2869' Plug Back Total Depth: 2796'
Amount of Surface Pipe Set and Cemented at 5 jts @ 217 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 217
feet depth to Surface w/ 190 sx cmt.

Drilling Fluid Management Plan Owwo Art II ncr
(Data must be collected from the Reserve Pit) 10-13-08
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: Bruce E. Hankins
Title: Prod. Data Supervisor Date: 11-17-2005
Subscribed and sworn to before me this 17th day of November,
19 2005
Notary Public: Joyce A. Guilliams
Date Commission Expires: 11-08-2008



KCC Office Use ONLY

NO Letter of Confidentiality Attached
If Denied, Yes Date: _____
____ Wireline Log Received
____ Geologist Report Received
____ UIC Distribution

Operator Name: XTO Energy Inc. Lease Name: Rooney Well #: 11-22
 Sec. 22 Twp. 22 S. R. 35 East West County: Kearny

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 <input type="checkbox"/> Yes No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes No Cores Taken Yes No Electric Log Run Yes No <i>(Submit Copy)</i> List All E. Logs Run:	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Log</td> <td style="width:40%;">Formation (Top), Depth and Datum</td> <td style="width:30%;">Sample</td> </tr> <tr> <td>Name</td> <td>Top</td> <td>Datum</td> </tr> <tr> <td>Chase Group</td> <td>2532'</td> <td></td> </tr> </table>	Log	Formation (Top), Depth and Datum	Sample	Name	Top	Datum	Chase Group	2532'	
Log	Formation (Top), Depth and Datum	Sample								
Name	Top	Datum								
Chase Group	2532'									

CASING RECORD <input checked="" type="checkbox"/> New 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"	28#	217'	Prem. Plus	190	
Production	7 7/8"	5 1/2"	14#	2865'	Prem. Plus	575	

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
2SPF	2532-2542' (20 holes), 2563-2588' (50 holes),	1997 - Frac w/2000 gals 15% HCl & 25,000	2563' to
	2620-2630' (20 holes), & 2688-2700' (24 holes)	gals 70Q N2 Foam.	2588'
		2005 - Acidize w/4000 gals 15% HCl	2532' to
			2700'

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2 3/8"	2720'	None	Yes <input checked="" type="checkbox"/> No

Date of First, Resumed Production, SWD or Enhr.	Producing Method	Flowing	<input checked="" type="checkbox"/> Pumping	Gas Lift	Other (Explain)
Date of First Sales: 07-30-2004					

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
0		18	6	NA	

Disposition of Gas METHOD OF COMPLETION Production Interval

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

(If vented, Sumit ACO-18.) Other (Specify)