

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

API NO. 15- 071-20655 - **ORIGINAL**
 County Greeley
 _____ SE Sec. 32 Twp. 18 Rgn. 40 X ^E/_V

Operator: License # 4894
 Name: Horseshoe Operating Co.
 Address 500 West Texas
Suite 1190
 City/State/Zip Midland Tx., 79701
 Purchaser: Natural Gas Clearing House
 Operator Contact Person: Jim Dixon
 Phone (915) 683-1448
 Contractor: Name: Murfin Drilling Co.
 License: 30606
 Wellsite Geologist: None
 Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD SIGW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, MSW, Expl., Cathodic, etc)

1325 Feet from S/W (circle one) Line of Section
1327 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 Smith Well # 1
 Field Name Bradshaw
 Producing Formation Winfield
 Elevation: Ground 3624 KB 3629
 Total Depth 2977 PSTD 2954
 Amount of Surface Pipe Set and Cemented at 267 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from 2965
 feet depth to surface w/ 475 sx cnt.

If Workover/Re-Entry: old well info as follows:
 Operator: _____
 Well Name: _____
 Comp. Date _____ Old Total Depth _____
 Deepening Re-perf. Conv. to Inj/SWD
 Plug Back _____ PSTD
 Commingled _____ Docket No. _____
 Dual Completion _____ Docket No. _____
 Other (SWD or Inj?) Docket No. _____
9-25-96 9-27-96 10-8-96
 Spud Date Date Reached TD Completion Date

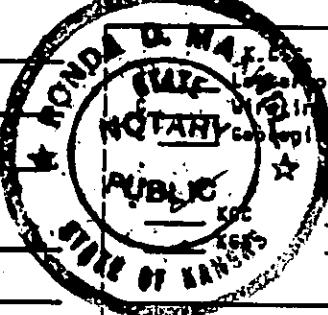
Drilling Fluid Management Plan ALT 2 JH 2-14-97
 (Data must be collected from the Reserve Pit)
 Chloride content 120000 ppm Fluid volume 150 bbls
 Deaerating method used _____
 Location of fluid disposal if hauled offsite: _____
 Operator Name _____
 Lease Name _____ License No. _____
 _____ Quarter Sec. _____ Twp. _____ S Rgn. _____ E/W
 County _____ Docket No. _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, 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 Terry W Maxwell
 Title Consultant Date 12-10-96
 Subscribed and sworn to before me this 10 day of December
 19 96
 Notary Public Donna Maxwell
 Date Commission Expires 12-13-96

OFFICE USE ONLY
 Certificate of Confidentiality Attached
 Wireline Log Received
 Geologist Report Received
 Distribution
 SWD/Rep NGPA
 Plug Other
 (Specify)



Operator Name Horseshoe Operating Co. Lease Name Smith Well # 1

Sec. 32 Twp. 18 Rge. 40 East West
 County Greeley

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 checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table border="1"> <thead> <tr> <th>Name</th> <th>Top</th> <th>Datum</th> </tr> </thead> <tbody> <tr> <td>Stone Corral</td> <td>2534</td> <td>+1095</td> </tr> <tr> <td>U Winfield</td> <td>2876</td> <td>+753</td> </tr> <tr> <td>U Ft Riley</td> <td>2926</td> <td>+703</td> </tr> </tbody> </table>	Name	Top	Datum	Stone Corral	2534	+1095	U Winfield	2876	+753	U Ft Riley	2926	+703
Name	Top		Datum											
Stone Corral	2534		+1095											
U Winfield	2876		+753											
U Ft Riley	2926	+703												
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: Neutron - Density - GR - Caliper Cemt Bond - GR - Collar Correlation														

CASING RECORD <input type="checkbox"/> New <input checked="" 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"	26#	267	C	175	2% CaCl 1/4#/sx cel
Production	7 7/8"	4 1/2"	11.6#	2965	C	350	3% Ext CaCl
"					C	125	2% CaCl 1/4# cell

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
1	2911-19, 28-32, 48-51	750 gal 7.5% Acid 1520# 16/30 sand 295 bbls gelled KCL

TUBING RECORD	Size <u>2 3/8"</u> Set At <u>2952</u>	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of <u>First</u> Resumed Production, SWD or Inj.	<u>10-7-96</u>	Producing Method	<input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
Estimated Production Per 24 Hours	Oil <u>60</u> bbls. Gas <u>80</u> Mcf	Water <u>80</u> 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. Cemented Other (Specify)

Production Interval: 2911-51

CEMENTING SERVICE REPORT

Schlumberger
Dowell

TREATMENT NUMBER: 8647 DATE: 7-25-96
STAGE: DS DISTRICT: SOUTHERN OKS

DS-498-A PRINTED IN U.S.A.

WELL NAME AND NO. **Smith #1** LOCATION (LEGAL) **Sec 32-185-40W** RIG NAME: **HUGO #8**
 FIELD-POOL **Hugotow** FORMATION
 COUNTY/PARISH **ADRELF** STATE **KANSAS** APL. NO.
 NAME **HORSESHOE OPERATOR**
 AND
 ADDRESS
 ZIP CODE
 SPECIAL INSTRUCTIONS

WELL DATA:		BOTTOM	TOP
BIT SIZE	CSG/Liner Size	8 5/8	
TOTAL DEPTH	WEIGHT	34	
<input type="checkbox"/> ROT <input type="checkbox"/> CABLE	FOOTAGE	267	ORIGINAL
MUD TYPE	GRADE		
<input type="checkbox"/> BHST <input type="checkbox"/> BHCT	THREAD	8 PD	
MUD DENSITY	LESS FOOTAGE SHOE JOINT(S)	14.79	
MUD VISC.	Disp. Capacity	223.21	TOTAL 14.7

NOTE: Include Footage From Ground Level To Head In Disp. Capacity

Head & Plugs	<input type="checkbox"/> TBG	<input type="checkbox"/> D.P.	SQUEEZE JOB	
<input type="checkbox"/> Double	SIZE	TOOL TYPE	DEPTH	
<input type="checkbox"/> Single	<input type="checkbox"/> WEIGHT	TAIL PIPE SIZE	DEPTH	
<input type="checkbox"/> Swage	<input type="checkbox"/> GRADE	TUBING VOLUME	Bbls	
<input type="checkbox"/> Knockoff	<input type="checkbox"/> THREAD	CASING VOL. BELOW TOOL	Bbls	
TOP <input type="checkbox"/> OR <input type="checkbox"/> W	<input type="checkbox"/> NEW <input type="checkbox"/> USED	TOTAL	Bbls	
BOT <input type="checkbox"/> OR <input type="checkbox"/> W	DEPTH	ANNUAL VOLUME	Bbls	

IS CASING/TUBING SECURED? YES NO
 LIFT PRESSURE PSI CASING WEIGHT + SURFACE AREA (3.14 x R²)
 PRESSURE LIMIT PSI BUMP PLUG TO **686** PSI
 ROTATE RPM RECIPROCATE FT No. of Centralizers

TIME	PRESSURE		VOLUME PUMPED BBL		JOB SCHEDULED FOR TIME DATE			ARRIVE ON LOCATION TIME DATE		LEFT LOCATION TIME DATE	
	TBG OR D.P.	CASING	INCREMENT	CUM	INJECT RATE	FLUID TYPE	FLUID DENSITY				
0001 to 2400	UA										
2044		2800				h ₂ O	8.24	PRE-JOB SAFETY MEETING			
2045		141	9		60	h ₂ O	8.24	PRESSURE TEST LINES			
2047		182	35	9	60	PMT	12.8	START WFO AHEAD			
2053		210	18	44	60	PMT	14.8	START LEVEL CEMENT			
2055		200		62				START TAIL CEMENT			
2055		0	14	62	60	h ₂ O	8.24	SHUTDOWN DEAD PLUG			
2056				70	2			START DISPLACEMENT			
2056		686		76				LOWER RATE			
								BUMP TOP PLUG			

REMARKS: 66 SACKS TO SURFACE

SYSTEM CODE	NO. OF SACKS	YIELD CU. FT/SK	COMPOSITION OF CEMENTING SYSTEMS		SLURRY MIXED			
					BBLs	DENSITY		
1.	100	1.86	35/65 (PZ1)	+670 D20T	7051	+1/4 #1K D29	33	12.0
2.	75	1.34	1155C	+29051	+1/4 #1K D29		18	14.0
3.								
4.								
5.								
6.								

BREAKDOWN FLUID TYPE	VOLUME	DENSITY	PRESSURE	MAX 686 MIN:
<input type="checkbox"/> HESITATION SQ.	<input type="checkbox"/> RUNNING SQ.	CIRCULATION LOST	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Cement Circulated To Surf. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 22 Bbls
BREAKDOWN	PSI FINAL	PSI	DISPLACEMENT VOL.	Bbls
Washed Thru Perfs <input type="checkbox"/> YES <input type="checkbox"/> NO	TO	FT.	MEASURED DISPLACEMENT <input type="checkbox"/>	<input type="checkbox"/> WIRELINE
PERFORMATIONS	TO	TO	CUSTOMER REPRESENTATIVE	DS SUPERVISOR
			<i>[Signature]</i>	<i>[Signature]</i>

CEMENTING SERVICE REPORT

Schlumberger

Dowell

DOWELL SCHLUMBERGER INCORPORATED

TREATMENT NUMBER 128654 DATE 7-28-96
 STAGE DS DISTRICT 2512 UXS

DS-406-A PRINTED IN U.S.A.

WELL NAME AND NO. Smith #1
 LOCATION (LEGAL) Sec 32-135-40W
 FIELD-POOL Hugotant
 FORMATION Chose
 COUNTY/PARISH Hamilton STATE KS APL. NO.
 NAME House shoe operating
 AND ORIGINAL
 ADDRESS
 ZIP CODE

RIG NAME: Murbel 28
 WELL DATA: BIT SIZE 12 1/4 CSG/Liner Size 4 1/2
 TOTAL DEPTH 2977 WEIGHT 10.5
 FOOTAGE 2960.94
 MUD TYPE GRADE
 BHST 8RD
 MUD DENSITY LESS FOOTAGE SHOE JOINT(S)
 MUD VISC. Disp. Capacity 465
 TOTAL

SPECIAL INSTRUCTIONS Safety limit, production casing to be checked by customer!!
 IS CASING/TUBING SECURED? YES NO
 LIFT PRESSURE 1961 PSI CASING WEIGHT + SURFACE AREA (3.14 x R²)
 PRESSURE LIMIT 2800 PSI BUMP PLUG TO 1915 PSI
 ROTATE RPM RECIPROCATE FT No. of Centralizers

NOTE: Include Footage From Ground Level To Head In Disp. Capacity
 Head & Plugs Double Single Swage Knockoff
 SQUEEZE JOB SIZE WEIGHT GRADE THREAD
 TOOL DEPTH TAIL PIPE: SIZE DEPTH
 TUBING VOLUME CASING VOL. BELOW TOOL
 TOTAL ANNUAL VOLUME

JOB SCHEDULED FOR TIME: 15:00 DATE: 7-28-96
 ARRIVE ON LOCATION TIME: 05:45 DATE: 7-28-96
 LEFT LOCATION TIME: 11:50 DATE: 7-28-96

TIME	PRESSURE		VOLUME PUMPED BBL		INJECT RATE	FLUID TYPE	FLUID DENSITY	SERVICE LOG DETAIL
	TBG OR D.P.	CASING	INCREMENT	CUM				
0907								PRE-JOB SAFETY MEETING
0911		296	13	13	5.9	H2O	8.3	START H2O
0913		141	195	13	5.9	CMT	11.1	START Lead Pmt.
0944		100	30	208	5.5	CMT	11.8	START TAIL Pmt.
0951								Shutdown wash to pit
0958		620	400	238	5.5	H2O	8.3	Drop Latch Plug START Displacement
1007		620	6.5	278	2.0	1120	8.3	Return to surface 3 BBL
1008		1915		2815				Lower Pump Rate
1009								Bump Plug, Shutdown
1010								Bleed PSE
1010								End Job
1010								STOPPED
								Bump Plug TO 1915 PSI
								5 SKS TO SURFACE

REMARKS

SYSTEM CODE	NO. OF SACKS	YIELD CU. FT/SK	COMPOSITION OF CEMENTING SYSTEMS				SLURRY MIXED BBLs DENSITY	
			1.	2.	3.	4.	BBLs	DENSITY
1.	350	3.23	Class C + 3% B79 + 2% SI + 2% B76 + 1/4" SK1 B29				201.3	11.1
2.	125	1.34	Class C + 2% SI + 1/4" SK1 B29				29.8	14.8
3.								
4.								
5.								
6.								

BREAKDOWN FLUID TYPE VOLUME DENSITY PRESSURE 1915 MAX. 1000 MIN.
 HESITATION SQ. RUNNING SQ. CIRCULATION LOST YES NO Cement Circulated To Surf. YES NO 3 Bbls.
 Washed Thru Perls YES NO TO FT. MEASURED DISPLACEMENT 46.5 Bbls. TYPE OF WELL OIL GAS STORAGE INJECTION BRINE WATER WILCOAT
 PERFORATIONS TO TO CUSTOMER REPRESENTATIVE Terry Maxwell DS SUPERVISOR Warren D. Shelling