

SIDE ONE

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

Operator: License # 5952

Name: Amoco Production Company

Address P.O. Box 800, Rm. 1833

City/State/Zip Denver, CO 80201

Purchaser: _____

Operator Contact Person: J. A. Victor

Phone (303) 830-4009

Contractor: Name: Exeter Drilling

License: 3098

Wellsite Geologist: _____

Designate Type of Completion

New Well Re-Entry Workover

Oil SWD Temp. Abd.

Gas Inj Delayed Comp.

Dry Other (Core, Water Supply, etc)

If OWWO: old well info as follows:

Operator: N/A

Well Name: _____

Comp. Date _____ Old Total Depth _____

Drilling Method:

Mud Rotary Air Rotary Cable

3/12/90 3/19/90 3/21/90

Spud Date Date Reached TD Completion Date

API NO. 15- 071-20498-0000

County Greeley

NW NW SE Sec. 14 Twp. 18 Rge. 43 East West

2145 Ft. North from Southeast Corner of Section

2145 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)

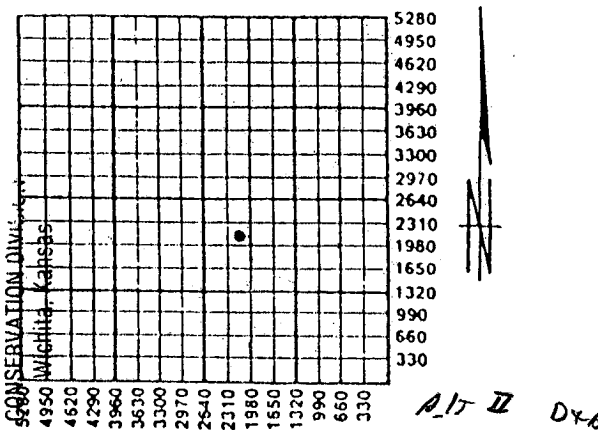
Lease Name Sell Well # 1

Field Name Moore-Johnson

Producing Formation N/A

Elevation: Ground 3886' KB 3898'

Total Depth 5300' PBTD _____



Amount of Surface Pipe Set and Cemented at 521 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.

INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date of any well. Rule 82-3-130, 82-3-107 and 82-3-106 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 drillers time log 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. Any recompletion, workover or conversion of a well requires filing of ACO-2 within 120 days from commencement date of such work.

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: J. J. Hampton
Title: Sr. Staff Admin. Supv. Date: 4/9/90

Subscribed and sworn to before me this 9th day of April, 1990

Notary-Public: Julie A. Victor
Date Commission Expires: 4/7/94

K.C.C. OFFICE USE ONLY

F Letter of Confidentiality Attached
 C Wireline Log Received
 D Drillers Timelog Received

Distribution

KCC SWD/Rep NGPA
 KGS Plug Other (Specify)

ORIGINAL

SIDE TWO

Operator Name Amoco Production Company Lease Name Sell Well # 1
 Sec. 14 Twp. 18 Rge. 43 East County Greeley
 West

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 Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input 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	Formation Description <input checked="" type="checkbox"/> Log <input type="checkbox"/> Sample Name Top Bottom
---	--

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	.12-1/4"	8-5/8"	24#	521'	Lite C Premium C	130 125	CACL 2 CACL 2		
PERFORATION RECORD				Acid, Fracture, Shot, Cement Squeeze Record					
Shots Per Foot	Specify Footage of Each Interval Perforated			(Amount and Kind of Material Used) Depth					
TUBING RECORD				Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
	Size	Set At	Packer At						
	None		None						
Date of First Production		Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)							
Dry Hole									
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 Perforation Dually Completed Conmingled Other (Specify) _____

Production Interval _____

ORIGINAL

