

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

Operator: License # 30689

Name: Marathon Oil Company

Address 1501 Stampede

City/State/Zip Cody, WY 82414-4721

Purchaser: Koch

Operator Contact Person: R.P. Meabon

Phone (307) 587-4961

Contractor: Name: _____

License: _____

Wellsite Geologist: None on Workover

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:

Operator: Marathon Oil Company

Well Name: Palen #3

Comp. Date 7/17/86 Old Total Depth 5250' TD

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBTB
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

7/16/86

Starting Date 7/16/86 Date Reached TD _____ Completion Date _____
of Workover of Workover

API NO. 15- 199-200880001 ORIGINAL

County Wallace

- NW - SE - SE Sec. 32 Twp. 15S Rge. 42 E W

1220 Feet from S/N (circle one) Line of Section

990 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 Palen Well # 3

Field Name Stockholm

Producing Formation Morrow

Elevation: Ground 3880' KB _____

Total Depth 5250' PBTB 5195'

Amount of Surface Pipe Set and Cemented at 1753 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 BWWO 6-6-96
(Data must be collected from the Reserve Pit) RE

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used _____

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. 04-11-96

_____ Quarter Sec. _____ Twp. _____ S Rng. _____ E/W

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 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.

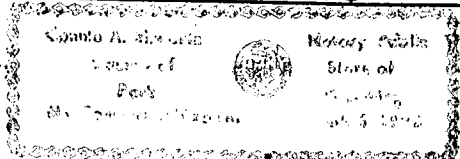
Signature R.P. Meabon

Title Regulatory Coordinator Date 4/4/96

Subscribed and sworn to before me this 4th day of April, 1996.

Notary Public Cammie A. Shuck

Date Commission Expires 9-6-1996



K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received

Distribution
 KCC SWD/Rep NGPA
 KGS Plug Other
(Specify)

Operator Name Marathon Oil Company Lease Name Palen Well # 3
 Sec. 32 Twp. 15S Rge. 42 East West
 County Wallace

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 Datums	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Heebner	4122'	
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Toronto	4150'	
List All E.Logs Run:		Lansing	4230'	
		Base KC	4616'	
		Cherokee	4744'	
		Morrow	5020'	
		Stockholm	5112'	

CASING RECORD <input checked="" 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	12-1/2"	8-5/8"	24	1753'	HIC	500	27% CaCl
					C	200	3% CaCl
Production	7-7/8"	5-1/2"	17#, 15.5#	5240	50/50 Poz	250	10% Salt

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
4	5112'-18', 5123'-36' 7/17/86	None	
4	5122'-36' 11/2/92	None	
4	5112'-18', 5122'-36' 7/29/95	None	

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First Resumed Production SWD or Inj. Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas --- Mcf	Water Bbls.	Gas-Oil Ratio ---	Gravity 39.4
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Disposition of Gas: **METHOD OF COMPLETION** Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
 (If vented, submit ACO-18.) Other (Specify) _____

Production Interval _____

