

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION OR RECOMPLETION FORM
ACO-1 WELL HISTORY

DESCRIPTION OF WELL AND LEASE

Operator: License # 5171
Name TXO Production Corp.
Address 155 N. Market, Suite 1000
City/State/Zip Wichita, KS, 67202

Operator Contact Person Bill Coffey
Phone 316 269-7600

Contractor: License # 6033
Name Murfin Drilling Co.

Wellsite Geologist Scott Banks
Phone

PURCHASER D & A

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
Well Name
Comp. Date Old Total Depth

WELL HISTORY

Drilling Method:

Mud Rotary Air Rotary Cable

4-9-86 4-16-86 4-17-86
Spud Date Date Reached TD Completion Date
5350' N/A
Total Depth PBTD

Amount of Surface Pipe Set and Cemented at 8-5/8" @ 490' feet

Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set feet

If alternate 2 completion, cement circulated N/A
from feet depth to w/ SX cmt

API NO. 15-199-20,079-00-00

County Wallace
190' North of
NE SE SW 26 Twp. 15S Rge. 41 East West

1180' Ft North from Southeast Corner of Section
2970' Ft West from Southeast Corner of Section
(Note: Locate well in section plat below)

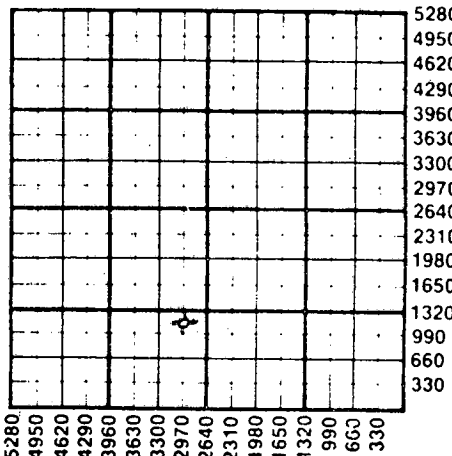
Lease Name AKERS "C" Well # 1

Field Name Undesignated

Producing Formation Dry

Elevation: Ground 3718' KB 3723'

Section Plat



WATER SUPPLY INFORMATION

Source of Water:
Division of Water Resources Permit #

Groundwater Ft North from Southeast Corner (Well) Ft West from Southeast Corner of Sec Twp Rge East West

Surface Water Ft North from Southeast Corner (Stream, pond etc) Ft West from Southeast Corner Sec Twp Rge East West

Other (explain) (purchased from city, R.W.D.#)

Disposition of Produced Water: Disposal Repressuring

Docket # None

INSTRUCTIONS: This form shall be completed in duplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 90 days after completion or recompletion of any well. Rule 82-3-130 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 drillers time log shall be attached with this form. 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 Bill Coffey
Title District Geologist Date 5-2-86

Subscribed and sworn to before me this 2 day of May 1986

Notary Public Stephanie R. Stuber
Date Commission Expires 7/31/88

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Drillers Timelog Received
Distribution
 KCC SWD/Rep NGPA
 KGS Plug Other (Specify)

MAY 23 1986
05-23-86
CONSERVATION DIVISION
Wichita, Kansas

Operator Name TXO Production Corp Lease Name AKERS "C" Well # ...1... SEC. 26... TWP. 15S... RGE. 41... East West

WELL LOG

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 Yes No
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No

Formation Description
 Log Sample

No DST's Run.

Name	Top	Bottom
Lansing	4233	- 510
Cherokee Sh.	4750	-1027
Morrow Sh.	5003	-1280
Morrow SS	5061	-1338
Morrow LS	5102	-1379
Keyes SS	5170	-1447
Mississippi	5186	-1463
RTD	5350	
LTD	5352	

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"	23#	490'	Lite Class A	175 100	3% CaCl2 2% gel, 3% CaCl2
PERFORATION RECORD				Acid, Fracture, Shot, Cement Squeeze Record			
Shots Per Foot	Specify Footage of Each Interval Perforated			(Amount and Kind of Material Used)		Depth	
N/A							
TUBING RECORD				Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No			
N/A							
Date of First Production		Producing Method					
N/A D&A - 4-17-86		<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (explain).....					
Estimated Production Per 24 Hours		Oil	Gas	Water	Gas-Oil Ratio	Gravity	
		N/A	N/A	N/A			
		Bbls	MCF	Bbls	CFPB		

METHOD OF COMPLETION

Production Interval

Disposition of gas: Vented Open Hole Perforation
 Sold Other (Specify)
 Used on Lease Dually Completed
 Commingled

D&A 4-17-86

OILFIELD SERVICES
MINING SERVICES
INDUSTRIAL SERVICES

ORDER, RECEIPT OR INVOICE NO
195-13-0083

CORRESPONDENCE:
P.O. BOX 4378
HOUSTON, TEXAS 77210

REMITTANCE:
P.O. BOX 100344
HOUSTON, TEXAS 77212

DSI SERVICE LOCATION NAME AND NUMBER
05-1

CUSTOMER NUMBER
911446

CUSTOMER P.O. NUMBER

TYPE SERVICE CODE
275

BUSINESS CODES

CUSTOMER'S NAME

TXO
700 midland ct.

ADDRESS

CITY, STATE AND ZIP CODE

OKlahoma City, OKla

WORKOVER W
NEW WELL N
OTHER

API OR IC NUMBER

IMPORTANT
SEE OTHER SIDE FOR TERMS & CONDITIONS

ARRIVE LOCATION MO DAY YR. TIME
4 4 86 2:00

SERVICE ORDER I authorize work to begin per service instructions in accordance with terms and conditions printed on the reverse side of this form and represent that I have authority to accept and sign this order.

CUSTOMER AUTHORIZED AGENT

JOB COMPLETION MO DAY YR. TIME
4 10 86 2:00

SERVICE RECEIPT I certify that the materials and services listed were received and all services performed in a workmanlike manner.

CUSTOMER AUTHORIZED AGENT

STATE CODE COUNTY / PARISH CODE CITY
KS 15 Wallace

WELL NAME AND NUMBER / JOB SITE
Ake: sc #1

LOCATION AND POOL / PLANT ADDRESS
Sec 26. 155 41W

SHIPPED VIA
Dowell Schlumberger

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
042210-000	Pump Charge	EA	1	400.00	400.00
059220-001	Mileage	MI	70	2.10	147.00
059102-000	Transportation Charges (70 miles)	TMT	927	0.75	695.25
051100-000	Service Charge	Cu.Ft	291	0.95	276.45
060005-100	S1, CaCl2	LB	500	0.27	216.00
000401-002	D20, Bentonite	Cu.Ft	100	0.37	37.00
100823-126	D915, Standard Cement	SK	1100	5.90	590.00
100899-126	D855, DSLW3 Std	SK	1175	5.00	875.00
043501-085	8 1/2" Top Wood Plug	EA	1	60.00	60.00
101019-000	National Mat				453.39
101019-001	National Serv.				395.65

RECEIVED
STATE CORPORATION COMMISSION

MAY 23 1986

CONSERVATION DIVISION
Wichita, Kansas

RECEIVED

Field Estimate \$ 3296.70 SUB TOTAL \$ 2417.66

REMARKS: STATE --- C 3 % TAX ON \$ 1324.61
COUNTY % TAX ON \$ 1
CITY % TAX ON \$
DSI REPRESENTATIVE TOTAL \$
George A. Waters 2487.40

CEMENTING SERVICE REPORT

DOWELL SCHLUMBERGER INCORPORATED

TREATMENT NUMBER: 15-199-20079-00-00
 DATE: 4-9-86
 STAGE: 1 DISTRICT: Wallace, KS

DS-496, PRINTED IN U.S.A.

WELL NAME AND NO.: *Alton*
 LOCATION (LEGAL): *Sec 37 T14N R11E*
 FIELD-POOL: *3*
 FORMATION: *17411*
 COUNTY/PARISH: *Wallace*
 STATE: *KS*
 NAME: *TXO*
 ADDRESS: *700 Midland Ct. Oklahoma City*
 ZIP CODE: *73101*

RIG NAME: *15-199-20079-00-00*

WELL DATA:		BOTTOM	TOP
BIT SIZE	CSG/Liner Size	<i>8 5/8</i>	
TOTAL DEPTH	WEIGHT	<i>23</i>	
<input type="checkbox"/> ROT <input type="checkbox"/> CABLE	FOOTAGE	<i>481</i>	
MUD TYPE	GRADE	<i>N 55</i>	
<input type="checkbox"/> BHST <input type="checkbox"/> BHCT	THREAD	<i>8 PD</i>	
MUD DENSITY	LESS FOOTAGE SHOE JOINT(S)	<i>441</i>	TOTAL
MUD VISC.	Disp. Capacity	<i>36407</i>	<i>28</i>

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

SPECIAL INSTRUCTIONS:
Set 481 ft 8 5/8" 23" Csg with 175 sl. DSW 3 Std + 3% CaCl and 100 sls Std + 2% Gel + 3% CaCl.

IS CASING/TUBING SECURED? YES NO

LIFT PRESSURE: *189* PSI CASING WEIGHT = SURFACE AREA (3.14 x R²)

PRESSURE LIMIT: *189* PSI BUMP PLUG TO: *-* PSI

ROTATE: *-* RPM RECIPROCATATE: *-* FT No. of Centralizers: *-*

SHOE FLOAT	TYPE	DEPTH	TYPE	DEPTH

Head & Plugs: Double Single Swage Knockoff

TBG: D.P.

SQUEEZE JOB: TYPE DEPTH

TAIL PIPE: SIZE DEPTH

TUBING VOLUME: Bbls

CASING VOL. BELOW TOOL: Bbls

TOTAL: Bbls

ANNUAL VOLUME: Bbls

TIME	PRESSURE		VOLUME PUMPED EBL		JOB SCHEDULED FOR			ARRIVE ON LOCATION		LEFT LOCATION	
	TBG OR D.P.	CASING	INCREMENT	CUM	TIME	DATE	TIME	DATE	TIME	DATE	
0001 to 2400											
00:15											
22:45											
00:26		0	10	-	3	water	8.33				
00:29		0	-	10	-						
00:41		0	2	10	2	water	8.33				
00:42		0	29	12	3 1/2	slurry	13.0				
00:50		0	24	41	-						
00:56		0	24	65	5	slurry	14.8				
01:01		0	-	89	-						
01:02		0	18	87	2 1/2	water	6.33				
10		200	10	107	2	water	8.33				
01:15		200		117	-						

REMARKS: *Pre job well to break circulation*

SYSTEM CODE	NO. OF SACKS	YIELD CU. FT/SK	COMPOSITION OF CEMENTING SYSTEMS		SLURRY MIXED	
					BBLs	DENSITY
1.	175	1.69	175 sls	DSW 3 Std + 3% CaCl ₂	53	13.0
2.	100	1.34	Std + 2% Gel + 3% CaCl ₂		24	14.8
3.						
4.						
5.						
6.						

BREAKDOWN FLUID TYPE: HESITATION SQ. RUNNING SQ. CIRCULATION LOST: YES NO

DISPLACEMENT VOL: *28* Ebls

MEASURED DISPLACEMENT: WIRELINE

CUSTOMER REPRESENTATIVE: *Allen Dick*

PRESSURE: MAX. *100* MIN: *0*

Cement Circulated To Surf: YES NO *2* Ebls.

TYPE OF WELL: STORAGE BRINE WATER WILDCAT

DS - SUPERVISOR: *George A. Waters*