

ORIGINAL

5-22-91

SIDE ONE

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

API NO. 15- 199-20199 0000

County Wallace

NE N6 SW Sec. 6 Twp. 14S Rge. 42W East West

2200 Ft. North from Southeast Corner of Section

4380 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)

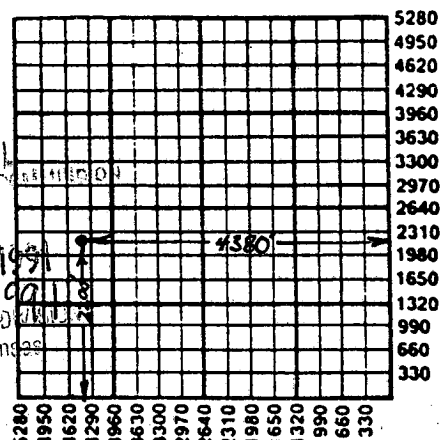
Lease Name Stegman, A.J. 6 Well # 1

Field Name Wildcat

Producing Formation NA

Elevation: Ground 3866' KB

Total Depth 5300' PBTD 0'



Amount of Surface Pipe Set and Cemented at 654 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.

Operator: License # 3771

Name: E.P. Operating Company

Address 4849 Greenville Ave.

Suite 1200

City/State/Zip Dallas, TX 75206

Purchaser: _____

Operator Contact Person: Jack L. Sledge

Phone (214) 369-7893

Contractor: Name: Murfin Drilling Company, Inc.

License: 30606

Wellsite Geologist: Jim Anderson

Designate Type of Completion

New Well Re-Entry Workover

Oil SWD Temp. Abd.

Gas Inj Delayed Comp.

Dry Other (Core, Water Supply, etc.)

If OWM: old well info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Drilling Method:

Mud Rotary Air Rotary Cable

05-14-91 05-21-91 05-22-91

Spud Date Date Reached TD Completion Date

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 M. E. Kinchen
M. E. Kinchen

Title Senior Drilling Engineer Date 6-6-91

Subscribed and sworn to before me this 6th day of June, 19 91

Notary Public James A. Stegman

Date Commission Expires 3-19-94

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)

PT

SIDE TWO

Operator Name E.P. Operating Company Lease Name Stegman A. T. 6 Well # 21
 Sec. 6 Twp. 14S Rge. 42W 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 Yes No
 (Attach Additional Sheets.)
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy.)

Formation Description
 Log Sample

Name	Top	Bottom
Atoka	4901'	
Morrow	5020'	
Mississippian	5193'	

** LOGS SUBMITTED UNDER SEPARATE COVER.*

CASING RECORD <input 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"		654'	Lite Common	225 125	3% cc 2% gel, 3% cc
PERFORATION RECORD				Acid, Fracture, Shot, Cement Squeeze Record			
Shots Per Foot	Specify Footage of Each Interval Perforated			(Amount and Kind of Material Used)		Depth	
NA							
TUBING RECORD				Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No			
NA	Size	Set At	Packer At				
Date of First Production	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)						
NA							
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 Commingled
 Other (Specify) _____

Production Interval _____

BILLING COPY

15-199-20199-00-00

ORIGINAL



P.O. Box 4442
Houston, Tx. 77210

SERVICE OPERATIONS CONTRACT
TERMS NET 30 DAYS FROM DATE OF CONTRACT

REMIT TO: P.O. Box 100806, Houston, Tx. 77212

DATE 5-22-91 SERVICE CONTRACT NO. 609845

CUSTOMER ACCOUNT NO. 9198-1	DIST NAME Oakley	NEW WELL <input checked="" type="checkbox"/> OLD WELL <input type="checkbox"/>	WELL TYPE 0	JOB NUMBER
CUSTOMER EP Operating Co EP Operating Co	DIST NUMBER 585	WELL NO. 1	LEASE NAME & FEDERAL OFFSHORE LEASE NO. Stegman A.J. 6	
ADDRESS 4849 Greenville Ave Suite 1200 West Oly		COUNTY/PARISH Wallace	CODE 14 HB	STATE KS
CITY Dallas	STATE TX	ZIP 75206	FIELD NAME	CITY CODE
AUTHORIZED BY: Ed McKenney (Please Print)	ORDER NO.	WELL OWNER EP Operating	MTA CODE	

STAGE NO.	JOB CODE 0115	WORKING DEPTH	FT	PUMPING EQUIPMENT	TIME (A OR P)	DATE
TOTAL PREV. GALS.	1 SURFACE <input type="checkbox"/> 2 INTERMEDIATE <input type="checkbox"/> 3 PRODUCTION <input type="checkbox"/> 4 REMEDIAL <input checked="" type="checkbox"/>	TRUCK CALLED		10:00 A	5-22-91	MM DD YY
TOTAL MEAS. DEPTH	SIZE HOLE 7 7/8	DEPTH 2880	FT	ARRIVED AT JOB	2:30 A	5-22-91
FT.	SIZE & WT. CASING	DEPTH	FT	START OPERATION	4:30 A	5-22-91
AVG. PSI.	SIZE & WT. DRILL PIPE OR TUBING 4 1/2	DEPTH 2880	FT	FINISH OPERATION	9:00 A	5-22-91
MAX. PSI.	PACKER DEPTH	FLUID PUMPED		TIME RELEASED	9:30 AM	5-22-91
MAX. BPM	CUSTOMER INSTRUCTIONS FOR DISPOSAL OF RETURNED CEMENT					

RECEIVED
STATE CONSERVATION COMMISSION

JUN 10 1991

CONSERVATION DIVISION
Wichita, Kansas

REMARKS

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered)

The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without the written consent of an officer of BJ SERVICES.

PRICE BOOK 01 SIGNED: _____ (WELL OWNER, OPERATOR, CONTRACT OR AGENT)

PRICE BOOK REF. NO.	QUANTITY	DESCRIPTION	UNIT PRICE	U/M	PRICE EXTENSION
101102114	1	Price of Job	1040.00	-4	1040 00
101109005	75	PTM	2.35	sq	176 25
10400504	132	Class A	6.75	sk	891 00
104115018	88	Pod-mix	3.62	sk	318 56
104115049	560	CaCl2	.46	lb	257 60
104201145	1100	Gel	.14	lb	154 00
10422008	25	Celloflake	1.30	lb	32 50
10880001	220	Dryage	1.10	sk	242 00
10940101	772.5	Per Ton Mile	.75	Tm	579 38
		15% Disc 553.69			
		(Total - 3137.60)			3691 29

SERVICE REPRESENTATIVE [Signature] THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: [Signature]

CHECK IF CONTINUATION IS USED (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

CUSTOMER: This is not an invoice - This Service Operations Contract is subject to review and correction by our Accounting Department.