

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

ORIGINAL

WPI NO. 15- 199-20,195 0001 FEB 2 A

Operator: License # 6593
Name: Coastal Oil & Gas Corporation
Address 211 N. Robinson, Suite 1700
One Leadership Square
City/State/Zip Oklahoma City, OK 73102

Purchaser: KOCH
Operator Contact Person: John D. Perry
Phone (405) 239-7031

Contractor: Name: Border Line Well Service
License: _____

Wellsite Geologist: _____

Designate Type of Completion
____ New Well ____ Re-Entry X Workover 2-26-92
X Oil ____ SWD ____ SIOW ____ Temp. Abd.
____ Gas ____ ENHR ____ SIGW
____ Dry ____ Other (Core, VES, E.P.C., Cathodic, etc.)

If Workover/Re-Entry: old well info as follows 02-26-92

Operator: Coastal Oil & Gas Corp.

Well Name: Miller #1-25

Comp. Date 2/19/91 Old Total Depth 5290

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

10/14/91 11/16/91
Spud Date Date Reached TD Completion Date

County Wallace **CONFIDENTIAL**
E/2 - E/2-SW/4 Sec. 25 Twp. 15S Rng. 42 X E

1320 Feet from S/N (circle one) Line of Section
2980 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 Miller Well # 1-25

Field Name Mt. Sunflower

Producing Formation Morrow

Elevation: Ground 3810 KB 10

Total Depth 5290' PBTB 5140'

Amount of Surface Pipe Set and Cemented at 385 Feet

Multiple Stage Cementing Collar Used? X Yes ____ No

If yes, show depth set 1876 Feet

If Alternate II completion, cement circulated from 1876

Feet depth to Surface w/ 600 ex cat.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)

____ NAGP Workover
Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used _____

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

____ 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, 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 _____

Title District Operations Supt. Date 2/23/92

Subscribed and sworn to before me this 24th day of February, 1992.

Notary Public Linda Black

Date Commission Expires 11-28-94

K.C.C. OFFICE USE ONLY		
F	<input checked="" type="checkbox"/>	Letter of Confidentiality Attached
C	<input type="checkbox"/>	Wireline Log Received
C	<input type="checkbox"/>	Geologist Report Received
Distribution:		
<input checked="" type="checkbox"/>	KCC	<input type="checkbox"/> SWD/Rep
<input type="checkbox"/>	KGS	<input type="checkbox"/> Plug
<input type="checkbox"/>		<input type="checkbox"/> NGPA
<input type="checkbox"/>		<input type="checkbox"/> Other
(Specify)		

SIDE TWO

Operator Name Coastal Oil & Gas Corporation Lease Name Miller Well # 1-25
 East County Wallace
 Sec. 25 Twp. 15S Rge. 42 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 Yes No
 (Attach Additional Sheets.)
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy.)

Log Formation (Top), Depth and Returns Sample
 Name Top Datum

See Original ACO-1 2/91

List All E.Logs Run:

Submitted w/original ACO-1 2/91

CASING RECORD

New 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				
Production	7-7/8	5-1/2	14				

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 JSPF	5011-20	60 BBLs condensate + Surf.	5011-20
	CIBP @ 5150' w/ 10' Cmt. Cap.		

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	2-3/8	5139	None	

Date of First, Resumed Production, SWD or Inj.	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
11/16/91	

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	89	0	26	-	39

Disposition of Gas:

Vented Sold Used on Lease
 (If vented, submit ACO-18.)

METHOD OF COMPLETION

Open Hole Perf. Dually Comp. Commingled
 Other (Specify) _____

Production Interval _____

ORIGINAL

STATE OF KANSAS - CORPORATION COMMISSION FEB 24
PRODUCTION TEST & GOR REPORT
15-199-20195-00-01
CONFIDENTIAL Form C-5 Revised

Conservation Division

TYPE TEST: Initial Annual (Workover) Reclassification TEST DATE: 2-11-92

Company Coastal Oil & Gas Corp. Lease Miller Well No. 1-25

County Wallace Location SE NE SW Section 25 Township 15 Range 42W Acres

Field Marrow Reservoir Koch Pipeline Connection

Completion Date 11-91 Type Completion(Describe) 5150 Plug Back T.D. Packer Set At

Production Method: SPM 128 LS 84 Type Fluid Production Oil API Gravity of Liquid/Oil 39

Flowing (Pumping) Gas Lift

Casing Size 5 1/2 Weight I.D. Set At Perforations 5011-20 To

Tubing Size 2 3/8 Weight I.D. Set At SATO 5139 Perforations To

Pretest: Duration Hrs.

Starting Date Time Ending Date Time

Test: Duration Hrs.

Starting Date 2-10-92 Time 12 noon Ending Date 2-11-92 Time 12 noon 24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure		Separator Pressure		Choke Size			
Casing:	Tubing:						
Bbls./In.	Tank	Starting Gauge		Ending Gauge		Net Prod. Bbls.	
	Size Number	Feet	Inches	Feet	Inches	Water	Oil
Pretest:							
1.67/1.2							
Test:	300	879	3 1/2	7	6		89
1.16/1.0							
Test:	300	H2O	4 10 1/2	6	9	26	

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections			Orifice Meter Range					
Pipe Taps:	Flange Taps:	Differential:	Static Pressure:					
Measuring Device	Run-Prover-Tester Size	Orifice Size	Meter-Prover-Tester Pressure		Diff. Press.	Gravity	Flowing	
			In. Water	In. Merc.	Psig or (Pd)	(hw) or (hd)	Gas (Gr)	Temp. (t)
Orifice Meter								
Critical Flow Prover								
Orifice Well Tester								

GAS FLOW RATE CALCULATIONS (R)

Coeff. MCFD (Fb)(Fp)(OWTC)	Meter-Prover Press. (Psi)	Extension (Fm)	Gravity Factor (Fg)	Flowing Temp. Factor (Ft)	Deviation Factor (Fpv)	Chart Factor (Fd)
		hw x Fm				

Gas Prod. MCFD Flow Rate (R): FROM CONFIDENTIAL Oil Prod. Bbls./Day: Gas/Oil Ratio (GOR) - Cubic Ft. per Bbl.

The undersigned authority, on behalf of the Company, states that he is duly authorized to make the above report and that he has knowledge of the facts stated therein, and that said report is true and correct. Executed this the 11 day of February 1992

For Offset Operator Morgan & Miller For State [Signature] For Company [Signature]