

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

Operator: License # 4894
Name: Horseshoe Operating Co.
Address 500 West Texas
Suite 1190
City/State/Zip Midland Tx., 79701
Purchaser: Natural Gas Clearing House
Operator Contact Person: Jim Dixon
Phone (915) 683-1448
Contractor: Name: Murfin Drilling Co.
License: 30606
Wellsite Geologist: None

Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

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

Operator: _____
Well Name: _____
Comp. Date _____ Old Total Depth _____
 Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PSTD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____
5-7-96 5-9-96 5-21-96
Spud Date Date Reached TD Completion Date

API NO. 15- 071-20646-NWA ORIGINAL
County Greeley
C. NE SE Sec. 19 Twp. 19S Rge. 39 X E
1980 Feet from (N) (circle one) Line of Section
660 Feet from (E) (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE, (SE) NW or SW (circle one)
Lease Name Sibyl Well # 1
Field Name Bradshaw
Producing Formation Winfield
Elevation: Ground 3535' KB 3540
Total Depth 2855 PSTD 2845
Amount of Surface Pipe Set and Cemented at 240 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 2854
feet depth to surface w/ 500 sx cwt.
Drilling Fluid Management Plan ALT 2 JW 1-23-97
(Data must be collected from the Reserve Pit)
Chloride content 30,000 ppm Fluid volume 200 bbls
Desulfuring 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 Terry Maxwell
Title Consultant Date 9-5-96
Subscribed and sworn to before me this 5 day of September
19 96
Notary Public Linda Maxwell 09-11-96
Date Commission Expires 12/13/96

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

NOTARY PUBLIC
STATE CORPORATION COMMISSION
SEP 9 11 1996

Operator Name Horseshoe Operating Co.

Lease Name Sibyl

Well # 1

Sec. 19 Twp. 19S Rge. 39

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 Yes No
(Attach Additional Sheets.)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
(Submit Copy.)

List All E.Logs Run:
Neutron-Density-GR-Caliper
cemt Bond-GR-Collar correlation

Log Formation (Top), Depth and Datum Sample

Name	Top	Datum
Stone Corral	2460	+1080
U Winfield	2818	+ 722

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"	26#	240	Class C	150	2% CaCl 1/4#/skcal
Production	7 7/8"	4 1/2"	11.6#	2854	Class C	400	3% Ext 2% CaCl
"						100	2% CaCl 1/4# Cell

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth		Type of Cement	#Sacks Used	Type and Percent Additives
	Top	Bottom			
<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 Plug Set/Type		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)	
1	2822-28,32-42		750 gal 7.5% acid	2822-42
			461# 20/40 Sand	
			157 bbls gelled KCL	

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2 3/8"	2842		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First Resumed Production, SMD or Inj. 8-1-96 Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
		223	26		

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 2822-42

CEMENTING SERVICE REPORT

Schlumberger

Dowell

TREATMENT NUMBER 8336 DATE 5-7-76
STAGE DS DISTRICT Ulysses

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

WELL NAME AND NO. Sibly #1 LOCATION (LEGAL) Sec. 14-195-3900
FIELD-POOL FORMATION
COUNTY/PARISH Greerley STATE KS API. NO.
NAME Horseshoe Operating Inc.
ADDRESS
ZIP CODE
SPECIAL INSTRUCTIONS

RIG NAME: Murfey #8	
WELL DATA:	BOTTOM TOP
BIT SIZE 5 1/4	CSG/Liner Size 8 3/4
TOTAL BERTH 270	WEIGHT 24
CAROT <input type="checkbox"/> CABLE	FOOTAGE 240
MUD TYPE	GRADE 155 ORIGINAL
<input type="checkbox"/> BHST <input type="checkbox"/> BHCT	THREAD 805
MUD DENSITY	LESS FOOTAGE SHOE JOINT(S) 11.7
MUD VISC.	Disp. Capacity 120

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

Float	TYPE Baffle Plate	TYPE
	DEPTH 148	DEPTH
SHOE	TYPE Tr. Patina	TYPE
	DEPTH 240	DEPTH

Head & Plugs TBG D.P. SQUEEZE JOB

Double SIZE WEIGHT TOOL TYPE
 Single GRADE DEPTH
 Swage THREAD TAIL PIPE: SIZE DEPTH
 Knockoff NEW USED TUBING VOLUME Bbls
TOP CW BOT CW DEPTH CASING VOL. BELOW TOOL Bbls
ROTATE RPM RECIPROCAT FT No. of Centralizers TOTAL ANNUAL VOLUME Bbls

IS CASING/TUBING SECURED? YES NO
LIFT PRESSURE 99 PSI CASING WEIGHT ÷ SURFACE AREA (3.14 x R²)
PRESSURE LIMIT PSI BUMP PLUG TO 460 PSI
ARRIVE ON LOCATION TIME: 1830 DATE: 5-7-76 LEFT LOCATION TIME: 2130 DATE: 5-7-76

TIME	PRESSURE		VOLUME PUMPED bbl.		JOB SCHEDULED FOR TIME: 1400 DATE: 5-7-76			ARRIVE ON LOCATION TIME: 1830 DATE: 5-7-76			LEFT LOCATION TIME: 2130 DATE: 5-7-76		
	TBG OR D.P.	CASING	INCREMENT	CUM	INJECT RATE	FLUID TYPE	FLUID DENSITY	SERVICE LOG DETAIL					
0001 to 2400								PRE-JOB SAFETY MEETING					
2029	0	6			3.8	H ₂ O		start H ₂ O ahead					
2031	80	25			3.8	cmf	12.8	start lead cmf					
2034	70	14			3.8	cmf	12.8	psi check					
2037	60	18			3.8	cmf	14.8	start tail cmf					
2041	90	10			3.8	cmf	14.8	psi check					
2043	0							shut down deep top plug					
2044	0	13			4.7	H ₂ O		start displacement					
2046	60	8			3	H ₂ O		psi check					
2047	60	11			2			" "					
2049	460	13			2			bump top plug					
2050								shut in cmf manifold bleed psi of END 55					

REMARKS

SYSTEM CODE	NO. OF SACKS	YIELD CU. FT/SK	COMPOSITION OF CEMENTING SYSTEMS				SLURRY MIXED BBLs DENSITY	
							BBLs	DENSITY
1.	75	1.86	wsc 3502 + 6% gal + 2% rail + 1/4" D29				24.	12.8
2.								
3.	75	1.54	class C + 2% rail + 1/4" D29				17.8	14.8
4.								
5.								
6.								

BREAKDOWN FLUID TYPE VOLUME DENSITY PRESSURE MAX. MIN. 1880

HESITATION SQ. RUNNING SQ. CIRCULATION LOST YES NO Cement Circulated To Surf. YES NO Bbls 6

BREAKDOWN PSI FINAL PSI DISPLACEMENT VOL. 12.6 Bbls TYPE OIL STORAGE BRINE WATER
Washed Thru Perfs YES NO TO FT. MEASURED DISPLACEMENT WIRELINE GAS INJECTION WILDCAT

PERFORATIONS TO TO CUSTOMER REPRESENTATIVE DS SUPERVISOR

TO TO TO TO
1004 Maxwell
Jim Esquivel

CEMENTING SERVICE REPORT

Schlumberger

Dowell

DOWELL SCHLUMBERGER INCORPORATED

TREATMENT NUMBER	DATE
121340	5-10-96
STAGE	DISTRICT
DS	0513 1KS

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

WELL NAME AND NO. Sib, C #1	LOCATION (LEGAL) Sec 19-17S-39W	RIG NAME: 11111-8
FIELD-POOL Bendshaw	FORMATION Unifield	WELL DATA:
COUNTY/PARISH Crawley	STATE KS	API NO.
NAME Hessco Operating Co.	MUD TYPE: GRADE	
AND	MUD DENSITY: LESS FOOTAGE SHOE JOINT(S) N/A	
ADDRESS	MUD VISC.: Disp. Capacity 444	
ZIP CODE	NOTE: Include Footage From Ground Level To Head In Disp. Capacity	

BIT SIZE 7 7/8	CSG/Liner Size 4 1/2	BOTTOM	TOP
TOTAL DEPTH	WEIGHT 11.6		
EROT <input type="checkbox"/> CABLE	FOOTAGE 2865	ORIGINAL	
MUD TYPE	GRADE		
<input type="checkbox"/> BHST	THREAD 5/8"		
<input type="checkbox"/> BHCT	LESS FOOTAGE SHOE JOINT(S)		
MUD DENSITY	Disp. Capacity 444		TOTAL

IS CASING/TUBING SECURED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Head & Plugs <input type="checkbox"/> Double <input checked="" type="checkbox"/> Single	<input type="checkbox"/> TBG <input type="checkbox"/> D.P.	SQUEEZE JOB
LIFT PRESSURE 2090 PSI	<input type="checkbox"/> Swage <input type="checkbox"/> Knockoff	TOOL TYPE DEPTH	TAIL PIPE: SIZE DEPTH
PRESSURE LIMIT 2000 PSI	<input type="checkbox"/> NEW <input type="checkbox"/> USED	TUBING VOLUME Bbbs	CASING VOL. BELOW TOOL Bbbs
ROTATE RPM RECIPROCAT FT No. of Centralizers	<input type="checkbox"/> BOT <input type="checkbox"/> D.W.	TOTAL Bbbs	ANNUAL VOLUME Bbbs

IS CASING/TUBING SECURED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	ARRIVE ON LOCATION TIME: 7:00 DATE: 5-7-96	LEFT LOCATION TIME: 0330 DATE: 5-7-96
LIFT PRESSURE 2090 PSI	CASING WEIGHT + SURFACE AREA (3.14 x R ²)	
PRESSURE LIMIT 2000 PSI	BUMP PLUG TO 1600 PSI	
ROTATE RPM RECIPROCAT FT No. of Centralizers		

TIME	PRESSURE		VOLUME PUMPED bbl		JOB SCHEDULED FOR			SERVICE LOG DETAIL		
	TBG OR D.P.	CASING	INCREMENT	CUM	INJECT RATE	FLUID TYPE	FLUID DENSITY	PRE-JOB SAFETY MEETING	ARRIVE ON LOCATION TIME: 7:00 DATE: 5-7-96	LEFT LOCATION TIME: 0330 DATE: 5-7-96
0001 to 2400										
0145								PRE-JOB SAFETY MEETING		
0146		320	13	13	5.0	H ₂ O	8.3	PSI Test to 2000 PSI		
0147		350	230	13	6.0	H ₂ O	11.1	START H ₂ O ahead		
0233		290	22	243	6.0	CAIT	14.8	START Cement Circ.		
0235		0		265		CIT	14.8	START Tool Circ.		
0237		0		265		CIT	14.8	Shut down Deep Plug		
0238		500	45	255	6.0	H ₂ O	8.3	START Displacement		
0241		520		310	7.0	H ₂ O	8.3	Lower Rate		
0244		1600		310				Bump Plug Shut down + 1600 PSI		
								0 PSI Head Up hold, knockoff Head and plug back		
								4 Howell		
								27.8 SKS TO surface		

REMARKS

SYSTEM CODE	NO. OF SACKS	YIELD CU. FT/SK	COMPOSITION OF CEMENTING SYSTEMS			SLURRY MIXED	
						BBLs	DENSITY
1.	400	3.23	C + 5% D79 + 2% S1 + 2% D46 + 1/4" MS D29			230.1	11.1
2.						23.8	14.8
3.	100	1.34	C + 2% S1 + 1/4" MS D29			23.8	14.8
4.							
5.							
6.							

BREAKDOWN FLUID TYPE	VOLUME	DENSITY	PRESSURE
<input type="checkbox"/> HESITATION SQ.	<input type="checkbox"/> RUNNING SQ.	<input type="checkbox"/> YES <input type="checkbox"/> NO	1600 MAX. 270 MIN.
<input type="checkbox"/> CIRCULATION LOST	<input type="checkbox"/> DISPLACEMENT VOL.	Cement Circulated To Surf.	<input type="checkbox"/> YES <input type="checkbox"/> NO 16 Bbbs
Washed Thru Perfs <input type="checkbox"/> YES <input type="checkbox"/> NO	MEASURED DISPLACEMENT	TYPE OF WELL	<input type="checkbox"/> OIL <input type="checkbox"/> STORAGE <input type="checkbox"/> BRINE WATER <input type="checkbox"/> GAS <input type="checkbox"/> INJECTION <input type="checkbox"/> WILDCAT
PERFORATIONS	CUSTOMER REPRESENTATIVE	DS SUPERVISOR	
TO TO	Terry Maxwell	Deeann Shilling	