

ORIGINAL

SIDE ONE

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

Operator's License # 5952
Name: Anoco Production Company
Address P.O. Box 800, Rm. 1833
City/State/Zip Denver, CO 80201
Purchaser: _____
Operator Contact Person: J. A. Victor
Phone (303) 830-4009

Contractor's Name: Murfin Drilling
License: 6033

Wellsite Geologist: _____

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: N/A

Well Name: _____

Comp. Date _____ Old Total Depth _____

Drilling Method:
 Mud Rotary Air Rotary Cable

10/1/90 10/10/90 10/11/90
Spud Date Date Reached ID 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-1 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 J. J. Hampton
Title Sr. Staff Admin. Supv. Date 1/22/91

Subscribed and sworn to before me this 22 day of January, 19 91.

Notary Public Julie A. Victor

Date Commission Expires 4/7/94

API NO. 15- 071-20523-00-00

County Greeley

SW SE SE Sec. 2 Twp. 19 Rge. 43 E₂ W₂

330 ft. North from Southeast Corner of Section

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

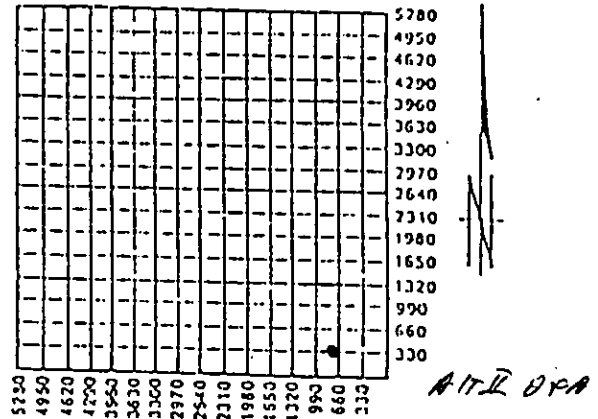
Lease Name Schmidt Well # 1-2

Field Name Wildcat

Producing Formation D&A

Elevation: Ground 3854' KB 3866'

Total Depth 5271' PBID _____



Amount of Surface Pipe Set and Cemented at 500 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/ _____ SA cm

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Drillers Timelog Received

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

SIDE TWO

Operator Name Amoco Production Company Lease Name Schmidt Well # 1-2
 Sec. 2 Twp. 19 Rge. 43 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.)

Name	Formation Description	
	Top	Bottom
Stone Corral	2435'	2510'
Chase	2660'	
Pennsylvanian	3470'	
Heebner	3925'	
Upper Morrow	5005'	
Mississippian	5220'	

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#	500'	Class C	125	
					Class C	150	

Shots Per Foot	PERFORATION RECORD Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth

TUBING RECORD N/A Size Set At Packer At Liner Run Yes No

Date of First Production _____ Producing Method Flowing Pumping Gas Lift Other (Explain) _____
 Estimated Production Per 24 Hours Oil _____ Dbls. Gas _____ Mcf Water _____ Dbls. 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 Conningled
 Other (Specify) _____

Production Interval _____

CEMENTING SERVICE REPORT

ORIGINAL **DS**

DOWELL SCHLUMBERGER INCORPORATED

TREATMENT NUMBER: 3192 DATE: 10/10/90
 PAGE: DS DISTRICT: 44-25 KS

DS-400 PRINTED IN U.S.A.

WELL NAME AND NO. #1-2 LOCATION (LEGAL) RIG NAME: maffin #25
 FIELD-POOL P.A. FORMATION STATE: Kansas API. NO.
 COUNTY/PARISH: Greedy NAME: Amoco
 AND ADDRESS ZIP CODE

WELL DATA:		BOTTOM		TOP	
BIT SIZE 7 7/8	CSG/Liner Size				
TOTAL DEPTH	WEIGHT				
<input type="checkbox"/> ROT <input type="checkbox"/> CABLE	FOOTAGE				
MUD TYPE	GRADE				
<input type="checkbox"/> BHST	THREAD				
<input type="checkbox"/> BHCT					
MUD DENSITY	LESS FOOTAGE SHOE JOINT(S)				TOTAL
MUD VISC.	Disp. Capacity				

SPECIAL INSTRUCTIONS
 Provide materials + services to satisfy plus + abandon well

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

Foot	TYPE	DEPTH	Stage Tool	TYPE	DEPTH

Head & Plugs TBG D.P. SQUEEZE JOB

Double SIZE 4 1/2 XH WEIGHT 16.6 lb

Single GRADE TAIL PIPE: SIZE DEPTH

Swags THREAD TUBING VOLUME Bbls

Knockoff NEW USED CASING VOL. BELOW TOOL Bbls

TOP OR OW DEPTH 2000 TOTAL Bbls

BOT OR OW ANNUAL VOLUME Bbls

IS CASING/TUBING SECURED? YES NO
 LIFT PRESSURE PSI CASING WEIGHT + SURFACE AREA (3.14 x R²)
 PRESSURE LIMIT 500 PSI BUMP PLUG TO PSI
 ROTATE RPM RECIPROCATATE FT No. of Centralizers

TIME	PRESSURE		VOLUME PUMPED BBL		JOB SCHEDULED FOR			ARRIVE ON LOCATION		LEFT LOCATION	
0001 to 2400	TBG OR D.P.	CASING	INCREMENT	CUM	TIME: 9:00 AM	DATE: 10/10/90	INJECT RATE	FLUID TYPE	FLUID DENSITY	TIME: 13:45	DATE: 10/10/90

TIME	TBG OR D.P.	CASING	INCREMENT	CUM	INJECT RATE	FLUID TYPE	FLUID DENSITY	SERVICE LOG DETAIL
17:34	850		16.4	-	5.0	Cmt	12.7	Plug #1 Start Cmt Slurry
17:38	150		31.1	-	5.0	11.0	8.33	Start Displacement
18:52	230		26.3	-	5.0	Cmt	12.7	Plug #2 Start Cmt Slurry
18:58	120		19.7	-	5.0	11.0	8.33	Start Displacement
19:32	100		16.4	-	5.1	Cmt	12.7	Plug #3 Start Cmt Slurry
19:25	60		7.5	-	4.9	11.0	8.33	Start Displacement
20:26	90		16.4	-	4.7	Cmt	12.7	Plug #4 Start Cmt Slurry
20:30	100		5.0	-	4.4	11.0	8.33	Start Displacement
			3.3	-	4.5	Cmt	12.7	Plug #5 Start Cmt Slurry
			1	-	4.7	11.0	8.33	Start Displacement
22:13	100		4.4	-	4.7	Cmt	12.7	Cap Hole
22:17	100		4.5	-	4.3	Cmt	12.7	Maze Hole

REMARKS

SYSTEM CODE	NO. OF SACKS	YIELD CU. FT/SK	COMPOSITION OF CEMENTING SYSTEMS		SLURRY MIXED	
					BBLs	DENSITY
1.	260	1.25	7/65	11 + 6/6	85.7	12.7
2.						
3.						
4.						
5.						
6.						

BREAKDOWN FLUID TYPE VOLUME DENSITY PRESSURE MAX. 30 MIN. 0
 HESITATION SQ. RUNNING SQ. CIRCULATION LOST YES NO Cement Circulated To Surf. YES NO Bbls.
 BREAKDOWN PSI FINAL PSI DISPLACEMENT VOL. Bbls TYPE OF WELL OIL STORAGE BRINE WATER GAS INJECTION WILDCAT
 Washed Thru Parts YES NO TO FT. MEASURED DISPLACEMENT WIRELINE
 PERFORATIONS TO TO TO TO CUSTOMER REPRESENTATIVE DS SUPERVISOR

CONSERVATION DIVISION
 WICHITA, KANSAS

JAN 24 1991

RAA