

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

API NO. 15- 071-20648-0000 ORIGINAL

County Greeley
 _____ C _____ SW Sec. 20 Twp. 20 Rge. 39 _____ E
 _____ X _____

Operator: License # 4894

1320 Feet from S/4 (circle one) Line of Section

Name: Horseshoe Operating Co.

1320 Feet from E/4 (circle one) Line of Section

Address 500 West Texas

Footages Calculated from Nearest Outside Section Corner:
 NE, SE, NW or S/4 (circle one)

Suite 1190

Lease Name Marvel Well # 1

City/State/Zip Midland Tx., 79701

Field Name Bradshaw

Purchaser: Natural Gas Clearing House

Producing Formation Winfield

Operator Contact Person: Jim Dixon

Elevation: Ground 3523 KB 3528

Phone (915) 683-1448

Total Depth 2892 PBD 2880

Contractor: Name: Murfin Drilling Co.

Amount of Surface Pipe Set and Cemented at 255 Feet

License: 30606

Multiple Stage Cementing Collar Used? Yes No

Wellsite Geologist: None

If yes, show depth set _____ Feet

Designate Type of Completion
 New Well Re-Entry Workover

If Alternate II completion, cement circulated from 2891

Oil SWD SIOV Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, MSW, Expl., Cathodic, etc)

feet depth to surface w/ 525 sz cat.

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

Drilling Fluid Management Plan ALT 2 97 11-19-96
 (Data must be collected from the Reserve Pit)

Operator: _____

Chloride content 70000 ppm Fluid volume 250 bbls

Well Name: _____

Dewatering method used _____

Comp. Date _____ Old Total Depth _____

Location of fluid disposal if hauled offsite: _____

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBD

Operator Name _____ 10-08-96

Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

Lease Name _____ License No. _____

6-11-96 6-13-96 7-6-96

Quarter _____ Sec. _____ Twp. _____ S Rng. _____ E/W

Spud Date _____ Date Reached TD _____ Completion Date _____

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

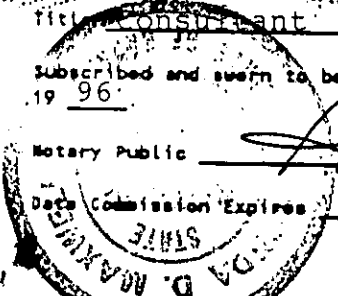
Title Consultant Date 10-4-96

Subscribed and sworn to before me this 4 day of October 19 96.

Notary Public Ronda B. Maxwell

Date Commission Expires 12-13-96

K.C.C. OFFICE USE ONLY		
F	<input checked="" type="checkbox"/>	Letter of Confidentiality Attached
C	<input checked="" 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"/> NGPA
		<input type="checkbox"/> Other
		(Specify)



Operator Name Horseshoe Operating Co. Lease Name Marvel Well # 1
 Sec. 20 Twp. 20 Rge. 39 East West
 County Greeley

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem tests giving interval tested, time test 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 sheets 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 Datum	Sample
Name	Top	Datum
Stone Corral	2390	+1138
Winfield	2792	+736
U Ft Riley	2858	+670

List All E.Logs Run:
 Neutron - Density - GR - Caliper
 Cement Bond - GR - Collar Correlation

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#	255	C	175	2% CaCl 1/4#/sx ce
Production	7 7/8"	4 1/2"	11.6#	2890'	C	400	3% Ext CaCl
"					C	125	2% CaCl 1/4# cell

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				

PERFORATION RECORD - Bridge Plugs Set/Type

Shots Per Foot	Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
1	2804-14; 53-68	1000 gal 7.5% Acid 15620# 20/40 Sand 399 bbls gelled KCL	2804-68

TUBING RECORD Size 2 3/8" Set At 2840 Packer At _____ Liner Run Yes No

Date of First Resumed Production, SWD or Inj. Producing Method Flowing Pumping Gas Lift Other (Explain)

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 Perf. Dually Comp. Commingled
 Production Interval 2804-14

CEMENTING SERVICE REPORT

Schlumberger
Dowell

TREATMENT NUMBER: 28412 DATE: 6-11-96
STAGE: DS DISTRICT: 0312 BSK

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

WELL NAME AND NO.: Maui #1 LOCATION (LEGAL): Sec 20-205-394 RIG NAME: Murfin #8
 FIELD-POOL: _____ FORMATION: Surface WELL DATA: BIT SIZE: 12 1/4 CSG/Liner Size: 8 5/8 TOP: _____
 COUNTY/PARISH: Crescent STATE: KS API. NO.: _____ TOTAL DEPTH: _____ WEIGHT: 241 ORIGINAL
 ROT CABLE FOOTAGE: 256
 MUD TYPE: _____ GRADE: _____
 BHST BHCT THREAD: 8 RPL
 MUD DENSITY: _____ LESS FOOTAGE SHOE JOINT(S): 42
 MUD VISC.: _____ Disp. Capacity: 13.3

NAME: Horseshoe Operating AND: _____
 ADDRESS: _____ ZIP CODE: _____

SPECIAL INSTRUCTIONS: Set by Cement Surface Casing as Directed by Customer!!

IS CASING/TUBING SECURED? YES NO
 LIFT PRESSURE: 123 PSI CASING WEIGHT + SURFACE AREA (3.14 x R²): _____
 PRESSURE LIMIT: 1000 PSI BUMP PLUG TO: 250 PSI
 ROTATE: _____ RPM RECIPROCATATE: _____ FT. No. of Centralizers: _____

JOB SCHEDULED FOR TIME: ASAP DATE: 6-11-96 ARRIVE ON LOCATION TIME: 1800 DATE: 6-11-96 LEFT LOCATION TIME: 2000 DATE: 6-11-96

TIME	PRESSURE		VOLUME PUMPED bbl		JOB SCHEDULED FOR			ARRIVE ON LOCATION		LEFT LOCATION	
	TBG OR D.P.	CASING	INCREMENT	CUM	INJECT RATE	FLUID TYPE	FLUID DENSITY	TIME	DATE	TIME	DATE
0001 to 2400											
1856	50	10	10	5.5	H2O	8.3	START Water Ahead				
1858	100	35	10	5.5	CMT	12.8	START Lead Cement				
1905	160	17	45	5.5	CMT	14.8	START Tail Cement				
1910	0		62		CMT	14.8	Shutdown Bump Plug				
1910	80	10	62	5.5	H2O	8.3	START Displacement				
1912	60	35	72	2.5	H2O	8.3	Lower Pump Rate				
1915	250		75.5				Bump Plug Shutdown				
1920							End Job				
							45 SKS TO Surface				

REMARKS: _____

SYSTEM CODE	NO. OF SACKS	YIELD CU. FT/SK	COMPOSITION OF CEMENTING SYSTEMS				SLURRY MIXED	
							BBLs	DENSITY
1.	100	1.86	3 5/16 Polyc + 6% 229 + 2% SI + 1/4 #/SK 229				33.1	12.8
2.	75	1.34	C + 2% SI + 1/4 #/SK 229				17.8	14.8
3.								
4.								
5.								
6.								

BREAKDOWN FLUID TYPE: HESITATION SQ. RUNNING SQ. CIRCULATION LOST YES NO
 PRESSURE: 250 MAX. 50 MIN.
 Cement Circulated To Surf. YES NO 15 Bbls
 BREAKDOWN: _____ PSI FINAL _____ PSI DISPLACEMENT VOL. 13.3 Bbls
 TYPE OF WELL: OIL STORAGE BRINE WATER
 GAS INJECTION WILDCAT
 Washed Thru Perfs YES NO TO _____ FT. MEASURED DISPLACEMENT WIRELINE

PERFORATIONS: _____ TO _____ TO _____ TO _____
 CUSTOMER REPRESENTATIVE: Skip
 DS SUPERVISOR: Darrel D Shilling

CEMENTING SERVICE REPORT



TREATMENT NUMBER 128911 DATE 6-13-96
 STAGE DS DISTRICT 03 16 UKS

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

WELL NAME AND NO. Maavel #1 LOCATION (LEGAL) Sec 20-20S-39W
 FIELD-POOL Winfield FORMATION Winfield
 COUNTY/PARISH Greely STATE KS API. NO. _____
 NAME Horse shoe operating
 AND _____
 ADDRESS _____
 ZIP CODE _____

RIG NAME: Marfin 8
 WELL DATA: BIT SIZE 4 1/2 CSG/Liner Size 4 1/2 BOTTOM TOP
 TOTAL DEPTH 2897 WEIGHT 10.5 ORIGINAL
 ROT CABLE FOOTAGE 2897
 MUD TYPE GRADE _____
 BHST THREAD 8RD
 BHCT LESS FOOTAGE SHOE JOINT(S) _____
 MUD DENSITY _____
 MUD VISC. Disp. Capacity 44.5 TOTAL _____

SPECIAL INSTRUCTIONS
Safely Cement Production Casing 95
Directed By Customer!!
 IS CASING/TUBING SECURED? YES NO
 LIFT PRESSURE 1909 PSI CASING WEIGHT + SURFACE AREA (3.14 x R²)
 PRESSURE LIMIT 2000 PSI BUMP PLUG TO 1440 PSI
 ROTATE _____ RPM RECIPROCATATE _____ FT No. of Centralizers 8

NOTE: Include Footage From Ground Level To Head In Disp. Capacity
 Floor: TYPE _____ DEPTH _____
 Shoe: TYPE Alum NGS DEPTH 2897 Stage Tool TYPE _____ DEPTH _____
 Head & Plugs TBG D.P. SQUEEZE JOB
 Double SIZE _____ TOOL TYPE _____
 Single WEIGHT DEPTH _____
 Swage GRADE TAIL PIPE: SIZE _____ DEPTH _____
 Knockoff THREAD TUBING VOLUME _____ Bbls
 TOP OR W NEW USED CASING VOL BELOW TOOL _____ Bbls
 BOT OR W DEPTH TOTAL _____ Bbls
 ANNUAL VOLUME _____ Bbls

TIME	PRESSURE		VOLUME PUMPED BBL		JOB SCHEDULED FOR			ARRIVE ON LOCATION		LEFT LOCATION	
	TBG OR D.P.	CASING	INCREMENT	CUM	TIME	DATE	TIME	DATE	TIME	DATE	
0001 to 2400											
2036											
2038		240		10	3.8	H2O	8.3				
2041		230	225	10	5.5	CMT	11.1				
2125		130	26	235	8.5	CMT	14.8				
2138		50		261		CMT	14.8				
2143		220	38	261	4.0	H2O	8.3				
2153		520	6.5	279	2.5	H2O	8.3				
2156		1440		305.5							
2156											
PRE-JOB SAFETY MEETING <u>PSZ Test to 1500</u> START H2O Ahead START Mixing Lead START Mixing Tail Shutdown Wash up Drop Plug START Displacement Lower Pump Rate Shutdown Bump Plug to 1440 PSZ Bleed off PSI Plug is holding. Knock off Head and monitor. 43 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-3%	D79+2% S1+2% D46+1/4#/SK D29	230	11.1
2.	125	1.34	C+2%	S1+1/4#/SK D29	29.8	14.8
3.						
4.						
5.						
6.						

BREAKDOWN FLUID TYPE _____ VOLUME _____ DENSITY _____ PRESSURE 1440 MAX. 50 MIN:
 HESITATION SQ. RUNNING SQ. CIRCULATION LOST YES NO Cement Circulated To Surf. YES NO 25 Bbls
 BREAKDOWN' PSI FINAL PSI DISPLACEMENT VOL. 44.5 Bbls TYPE OF WELL OIL STORAGE BRINE WATER
 WASHED THRU PERFS YES NO TO FT. MEASURED DISPLACEMENT WIRELINE GAS INJECTION WILDCAT
 PERFORATIONS _____ CUSTOMER REPRESENTATIVE SKippoc DB SUPERVISOR Wamen D. Hillis