

ORIGINAL

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

API NO. 15- 071-206560000

County Greeley

C SW/4 SW/4 Sec. 17 Twp. 20 Rge. 39 X E
W

660 Feet from S (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 S (circle one)

Lease Name Watson Well # 1

Field Name Bradshaw

Producing Formation Winfield

Elevation: Ground 3520 KB 3525

Total Depth 2832 PBDT 2831

Amount of Surface Pipe Set and Cemented at 269 Feet

Multiple Stage Cementing Collar Used? Yes X No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 2831

feet depth to surface w/ 525 sx cmt.

Drilling Fluid Management Plan ALT 2 9-24-97
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used _____

Location of fluid disposal if hauled offsite: 05-19-97

Operator Name _____

Lease Name _____ License No. _____

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

County _____ Docket No. _____

Operator: License # 4894

Name: Horseshoe Operating, Inc.

Address 500 W. Texas, Suite 1190

City/State/Zip Midland, Tx 79701

Purchaser: Natural Gas Clearinghouse

Operator Contact Person: S. L. Burns

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 SIGW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

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

3-19-97 3-20-97 4-17-97
Spud Date Date Reached TD Completion Date

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, 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 S.L. Burns

Title Vice-President Date 4-14-97

Subscribed and sworn to before me this 14 day of May, 19 97.

Notary Public Debbie Hanson

Date Commission Expires 8-9-97

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
 KCC SUD/Rep NGPA
 KGS Plug Other (Specify)

Form ACO-1 (7-91)

DEBBIE HANSON
Notary Public, State of Texas
My Commission Expires 08-09-1997

SIDE TWO

Operator Name Horseshoe Operating, Inc. Lease Name Watson Well # 1

Sec. 17 Twp. 20 Rge. 39 East West
 County Grealey

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 (Attach Additional Sheets.) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Log | Formation (Top), Depth and Datum | <input type="checkbox"/> Sample |
| Samples Sent to Geological Survey | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Name | Top | Datum |
| Cores Taken | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Stone Corral | 2391 | +1134 |
| Electric Log Run (Submit Copy.) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Winfield | 2790 | + 735 |
| List All E.Logs Run: | | | | |
| | | | | |
| | | | | |
| | | | | |

| CASING RECORD <input type="checkbox"/> New <input checked="" 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" | 26# | 269 | C | 175 | 2% CaCl 1/4# 7SK cel |
| Production | 7-7/8 | 4-1/2" | 11.6# | 2831 | C | 400 | 8% Gel 1/4# FloSeal |
| " | | | | | C | 125 | 10% Salt |

| 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 | |
|----------------|---|---|-----------|
| | | 1 | 2800-2810 |
| | | 12,000# 16/30 sand 25# gal | |
| | | | |
| | | | |

| TUBING RECORD | | Size | Set At | Packer At | Liner Run | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
|--|-----|-------|--------|---|-----------|---|-----------------------|
| | | 2-3/8 | 2811 | | | | |
| Date of First, Resumed Production, SMD or Inj. | | | | Producing Method | | | |
| 4-17-97 | | | | <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) | | | |
| Estimated Production Per 24 Hours | Oil | Bbls. | Gas | Mcf | Water | Bbls. | Gas-Oil Ratio Gravity |
| | | | 260 | | 45 | | |

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: 2800-10

ORIGINAL ALLIED CEMENTING CO., INC. 8954

Federal Tax I.D.:

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

Oakley

| | | | | | | | |
|--------------------------------|----------------|-----------------|------------------|------------|----------------------------|--------------------------|---------------------------|
| DATE <u>3/2/97</u> | SEC. <u>17</u> | TWP. <u>20s</u> | RANGE <u>39w</u> | CALLED OUT | ON LOCATION <u>1:00 AM</u> | JOB START <u>2:10 AM</u> | JOB FINISH <u>9:00 AM</u> |
| LEASE <u>Watson</u> | | WELL # <u>1</u> | LOCATION | | | COUNTY <u>Groesbeck</u> | STATE <u>Ks</u> |
| OLD OR <u>NEW</u> (Circle one) | | | | | | | |

CONTRACTOR MURFIN #8

TYPE OF JOB Cmt 4 1/2 Prod. Csg

HOLE SIZE 7 1/2 T.D. 2832

CASING SIZE 4 1/2 10.5# DEPTH 2832

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX 1000 MINIMUM 100

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT 45

OWNER Same

CEMENT AMOUNT ORDERED

400 sks Class C + 8% gel 1/4# Flo-seal

125 sks Class C + 10% salt

| | | | |
|----------|------------------------|-------------|-----------------|
| COMMON | <u>525 sks C" @</u> | <u>9.00</u> | <u>4725.00</u> |
| POZMIX | _____ @ | _____ | _____ |
| GEL | <u>30 sks @</u> | <u>9.50</u> | <u>285.00</u> |
| CHLORIDE | _____ @ | _____ | _____ |
| | <u>Salt 11 sks @</u> | <u>7.00</u> | <u>77.00</u> |
| | <u>Flo-seal 100# @</u> | <u>1.15</u> | <u>115.00</u> |
| | _____ @ | _____ | _____ |
| | _____ @ | _____ | _____ |
| HANDLING | <u>525 sks @</u> | <u>1.05</u> | <u>551.25</u> |
| MILEAGE | <u>47 per sk/mile</u> | _____ | <u>1,638.00</u> |
| TOTAL | | | <u>7,391.25</u> |

EQUIPMENT

| | |
|--------------|-----------------------|
| PUMP TRUCK | CEMENTER <u>Max</u> |
| # <u>300</u> | HELPER <u>Wayne</u> |
| BULK TRUCK | |
| # <u>305</u> | DRIVER <u>Deen</u> |
| BULK TRUCK | |
| # <u>218</u> | DRIVER <u>Lonnice</u> |

REMARKS:

Cmt 4 1/2 Prod Csg with 400sk Class C + 8% gel 1/4# Flo-seal + 125 sks Class C + 10% salt Washup Pump + Lines Drop Plug Displace 45 BBL Land Plug Float Hold Cement Did Circulate

SERVICE

| | | |
|-------------------|----------------|---------------------------|
| DEPTH OF JOB | <u>2832</u> | |
| PUMP TRUCK CHARGE | _____ | <u>1,030.00</u> |
| EXTRA FOOTAGE | _____ @ | _____ |
| MILEAGE | <u>78-mi @</u> | <u>2.85</u> <u>222.30</u> |
| PLUG | _____ @ | _____ |
| | _____ @ | _____ |
| | _____ @ | _____ |
| TOTAL | | <u>1,252.30</u> |

CHARGE TO: Horse shoe Operating Inc

STREET 500 W. Jensen # 1090

CITY Midland STATE Texas ZIP 79701

FLOAT EQUIPMENT

| | |
|-------------|-------|
| _____ @ | _____ |
| _____ @ | _____ |
| _____ @ | _____ |
| _____ @ | _____ |
| _____ @ | _____ |
| _____ @ | _____ |
| TOTAL _____ | |

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE Louis McPuma

PRINTED NAME