

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

API NO. 15- 135-238890000

ORIGINAL

County Ness

Operator: License # 31021

220' E of C E/2 Sec. 17 Twp. 16S Rge. 24 X ^E X ^W

Name: Castelli Exploration

2640' Feet from (S)N (circle one) Line of Section

Address 9500 Westgate DR. # 101

1100' Feet from (E)W (circle one) Line of Section

City/State/Zip Oklahoma City, OK. 73162

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

Purchaser: None

Lease Name Dubbs Well # 2

Operator Contact Person: Thomas Castelli

Field Name N/A

Phone (405) 722-5511

Producing Formation None

Contractor: Name: Discovery Drilling

Elevation: Ground 2515 KB 2523

License: 31548

Total Depth 4559 PBTD _____

Wellsite Geologist: Doug Bellis

Amount of Surface Pipe Set and Cemented at 213' Feet

Designate Type of Completion
 New Well Re-Entry Workover

Multiple Stage Cementing Collar Used? Yes No

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

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 213'

feet depth to 0 w/ 130 sx cmt.

If Workover:

Drilling Fluid Management Plan D&A 99/ 12-27-95
(Data must be collected from the Reserve Pit)

Operator: _____

Chloride content 18,000 ppm Fluid volume 2000 bbls

Well Name: _____

Dewatering method used Evaporation

Comp. Date _____ Old Total Depth _____

Location of fluid disposal if hauled offsite: _____

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

Operator Name _____

Lease Name _____ License No. _____

6/16/95 6/25/95 6/26/95

_____ 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, 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.

STATE CORPORATION COMMISSION

Signature Thomas Castelli

Title PRESIDENT Date 6/12/95

Subscribed and sworn to before me this 12th day of JUNE 19 95

Notary Public: Diana Ruce

Date Commission Expires 2-10-97

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"/>	KCC	<input type="checkbox"/> SWD/Rep
<input type="checkbox"/>	KGS	<input type="checkbox"/> Plug
		<input type="checkbox"/> NGPA
		<input type="checkbox"/> Other
		(Specify)

07-21-1995 Form ACO-1 (7-91)

Operator Name Castelli Exploration

Lease Name Dubbs

Well # 2

Sec. 17 Twp. 16S Rge. 24

East

County Ness

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 Datum Sample

Name Top Datum

List All E.Logs Run: DUAL INDUCTION
NEUTRON/DENSITY

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 Pipe	12 $\frac{1}{4}$	85/8	23	213.40	60/40 poz	130	2%Gel&3%CC

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

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No

Date of First, Resumed Production, SWD or Inj.	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
<u>D&A</u>	

Estimated Production Per 24 Hours	Oil <u>N/A</u> Bbls.	Gas <u>N/A</u> Mcf	Water <u>N/A</u> Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas: **METHOD OF COMPLETION** **Production Interval**

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled _____

(If vented, submit ACO-18.) Other (Specify) _____



JOB LOG HAL-2013-C

CUSTOMER: Castelli Expl. WELL NO.: 2 LEASE: Di. 665 JOB TYPE: Plug To Abandon TICKET NO.: 839633

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL)(GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0240							Called out
	0230							on line at 11:00
	0330							Drill pipe C 1110'
			5					Pump 5" 11/2" spacer ORIGINAL
			15					Mix 80.0's 4 1/2" For 6% Gel, 1/4" Flacke
			2.5					Pump 2.5" 11/2" spacer
			21.5					21.5" mud to Balance
	0340							Plug down pill D.P. to 1150'
	0405		5					Pump 5" 11/2" spacer
			24					80.0's cut
			2.5					2.5" spacer
			8					8" mud to Balance
	0415							Plug down pill to 750'
	0440		3					Pump 3" 11/2" spacer
			12					40.0's cut
			1					Pump 1" 11/2" spacer
	0450							Plug down
								Pill D.P. out of hole
	0500							push top plug down 40' solid bridge
								lay down red hole + more hole
			3					mix 10.0's 40' to surface
			3					10.0's more hole
			4.5					15.0's For 1.0
	0600							Plug down
								wash and run up mud
	0645							Job complete

DATE CORRECTED BY: [Signature]
JUL 2 1995
COURTESY OF HALLIBURTON



JOB SUMMARY

HALLIBURTON DIVISION Mid Continent
 HALLIBURTON LOCATION Hay, No 15-135-23889-00-00

BILLED ON TICKET NO. 839633

WELL DATA

FIELD _____ SEC. 11 TWP. 16^S RNG. 24^W COUNTY No. STATE Pa.

FORMATION NAME _____ TYPE _____
 FORMATION THICKNESS _____ FROM _____ TO _____
 INITIAL PROD: OIL _____ BPD. WATER _____ BPD. GAS _____ MCFD
 PRESENT PROD: OIL _____ BPD. WATER _____ BPD. GAS _____ MCFD
 COMPLETION DATE _____ MUD TYPE _____ MUD WT. _____
 PACKER TYPE _____ SET AT _____
 BOTTOM HOLE TEMP. _____ PRESSURE _____
 MISC. DATA _____ TOTAL DEPTH 4559

	NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
CASING						
LINER						
TUBING						
OPEN HOLE						SHOTS/FT.
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

JOB DATA

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR		
FLOAT SHOE		
GUIDE SHOE		
CENTRALIZERS		
BOTTOM PLUG		
TOP PLUG		
HEAD		
PACKER		
OTHER		

CALLLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <u>6/26/95</u>	DATE <u>6/26</u>	DATE <u>6/26</u>	DATE <u>6/26</u>
TIME <u>3:40</u>	TIME <u>02:00</u>	TIME <u>07:30</u>	TIME

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<u>P. Lighter</u>	<u>B0719</u>	<u>Hay, Pa.</u>
<u>T. Henry</u>	<u>11010</u>	<u>"</u>
<u>C. D. ...</u>	<u>H1659</u>	<u>"</u>

MATERIALS

TREAT. FLUID _____ DENSITY _____ LB/GAL. °API
 DISPL. FLUID _____ DENSITY _____ LB/GAL. °API
 PROP. TYPE _____ SIZE _____ LB.
 ACID TYPE _____ GAL. _____ %
 SURFACTANT TYPE _____ GAL. _____ IN
 NE AGENT TYPE _____ GAL. _____ IN
 FLUID LOSS ADD. TYPE _____ GAL.-LB. _____ IN
 GELLING AGENT TYPE _____ GAL.-LB. _____ IN
 FRIC. RED. AGENT TYPE _____ GAL.-LB. _____ IN
 BREAKER TYPE _____ GAL.-LB. _____ IN
 BLOCKING AGENT TYPE _____ GAL.-LB. _____
 PERFPAC BALLS TYPE _____ QTY. _____
 OTHER _____

DEPARTMENT Co. 2
 DESCRIPTION OF JOB Hay to Abundant

JOB DONE THRU: TUBING CASING ANNULUS TBG./ANN.

CUSTOMER REPRESENTATIVE X Bill Skew
 HALLIBURTON OPERATOR P. B. Lighter COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
	<u>205</u>	<u>10/60</u>	<u>Poz</u>	<u>B</u>	<u>6% Col, 1/4' Fluoride</u>	<u>1.7</u>	<u>1274</u>

PRESSURES IN PSI

SUMMARY

VOLUMES

CIRCULATING _____ DISPLACEMENT _____ PRESLUSH: BBL.-GAL. _____ TYPE _____
 BREAKDOWN _____ MAXIMUM _____ LOAD & BKDN: BBL.-GAL. _____ PAD: BBL.-GAL. _____
 AVERAGE _____ FRACTURE GRADIENT _____ TREATMENT: BBL.-GAL. _____ DISPL: BBL.-GAL. _____
 SHUT-IN: INSTANT _____ 5-MIN _____ 15-MIN _____ CEMENT SLURRY: BBL.-GAL. 62
 HYDRAULIC HORSEPOWER _____ TOTAL VOLUME: BBL.-GAL. _____
 ORDERED _____ AVAILABLE _____ REMARKS See Chart + Job Log
 TREATING _____ DISPL. _____ OVERALL _____
 FEET _____ REASON _____
 STATE CORPORATION RECEIVED JUL 21 1995
 Thank You Royce

CUSTOMER