

FORM MUST BE TYPED

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

SIDE ONE

API NO. 15- 093-21498-0000

ORIGINAL

County Kearny

SW NE SE Sec. 18 Twp 26s Rge. 36 X W

4030' Feet from SW (circle one) Line of Section

1250' Feet from EW (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:  
w/ SE NW or SW (circle one)

Lease Name Hillyard Well # 3-2

Field Name Hugoton

Producing Formation Hugoton Chase

Elevation: Ground 3041 KB 3052

Total Depth 2800 PBDT 2766'

Amount of Surface Pipe Set and Cemented at 445 Feet

Multiple Stage Cementing Collar Used? Yes X No

If yes, show depth set \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from 2791

feet depth to Surface w/ 600 sx cnt.

Drilling Fluid Management Plan ALT 2 874 11-26-96  
(Data must be collected from the Reserve Pit)

Chloride content 5600 ppm Fluid volume 2000 bbls

Dewatering method used Evaporation

Location of fluid disposal if hauled offsite:

Operator Name \_\_\_\_\_

Lease Name \_\_\_\_\_ License No. \_\_\_\_\_

Quarter Sec. Twp. S Rng. E/W

County \_\_\_\_\_ Docket No. \_\_\_\_\_

Operator: License # 5293

Name: Helmerich & Payne, Inc.

Address: P. O. Box 558

City/State/Zip: Garden City, Kansas 67846

Purchaser: Colorado Interstate Gas

Operator Contact Person: Ker Jenlik or Art Childers

Phone: (316) 276-3693

Contractor: Name: Cheyenne Drilling

License: 5382

Wellsite Geologist: None

Designate Type of Completion

X New Well \_\_\_\_\_ Re-Entry \_\_\_\_\_ Workover \_\_\_\_\_

Oil \_\_\_\_\_ SWD \_\_\_\_\_ SOW \_\_\_\_\_ Temp. Abd.

X 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. \_\_\_\_\_

04-23-96 \_\_\_\_\_ 04-26-96 \_\_\_\_\_ 05-28-96 \_\_\_\_\_

Spud Date \_\_\_\_\_ Date Reached TD \_\_\_\_\_ Completion Date

State Test

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 \_\_\_\_\_ AC

Title \_\_\_\_\_ Date 6-5-96

Subscribed and sworn to before me this 6th day of June, 1996

Notary Public \_\_\_\_\_

Date Commission Expires August 05, 1996

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"/>	N3PA
			Other (Specify)

Operator Name Heimerich & Payne, Inc.

SIDE TWO

Lease name Hillyard Well # 3-2

Sec. 18 Twp. 26s Rge. 36  East  West

County Kearny

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:  
GR-CNL

Log Formation (Top), Depth and Datum  Sample

Name	Top	Datum
Herrington	2436	+616
Krider	2454	+598
Winfield	2500	+552
U. Ft. Riley	2550	+502
L. Ft. Riley	2598	+454

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	445	65/35 Poz "C" Class C	130	6% gel, 2% CaCl2
Production	7-7/8	5-1/2	14	2791		65/35 Poz "C"	475
					50/50 Poz "C"	125	2% gel, 10% salt, 0.75% D-80, 1/4#/sx floccule

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input checked="" type="checkbox"/> Perforate <input checked="" type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	0' 80'	Class C	100	Heat - 1" 8-5/8" to surface

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
2	Herrington 2439-2449'	Acid breakdown w/ 3000 gallons 7-1/2% HCl.	
2	Krider 2454-2472'		
2	Winfield 2501-2519'	Fracture w/ 32800 gallons 25# linear gel, and 45000 gallons 25# x-link w/ 6000#	
1	Winfield 2529-2535'		
	U. Ft. Riley 2552-2558'	30-70, 34500# 20-40 and 166000# 10-20.	
	U. Ft. Riley 2562-2577'		
1	U. Ft. Riley 2594-2596'		
per 3	L. Ft. Riley 2601-2610'		

TUBING RECORD Size None Set At Set At Packer At Liner Run  Yes  No

Date of First, Resumed Production, SWD or Inj. State Test 5-28-96 Producing Method  Flowing  Pumping  Gas Lift  Other (Explain)

Estimated Production Oil - Bbls. Gas 428 Mcf Water 0 Bbls. Gas-Oil Ratio - Gravity -

Disposition of Gas:  Vented  Sold  Used or Lease (If vented, submit ACO-18.) METHOD OF COMPLETION  Open Hole  Perf.  Quality Comp.  Conninglec Production Interval 2439-2610' overall  
 Other (Specify) \_\_\_\_\_

WELL NAME AND NO. *HILLYARD 3-2* LOCATION (LEGAL) *SEC 18-26S-36W*  
 LD-POOL *HUGOTOL* FORMATION *SUFF*  
 COUNTY/PARISH *Acadia* STATE *KS* API. NO. \_\_\_\_\_  
 NAME *Choyne Drilling*  
 ADDRESS \_\_\_\_\_  
 ZIP CODE \_\_\_\_\_

RIG NAME *Chey 1*  
 WELL DATA: BIT SIZE *2 1/2* CS&G Liner Size *8 3/4* BOTTOM TOP  
 TOTAL DEPTH *441.27* WEIGHT *29*  
 COT  CABLE FOOTAGE *441.27*  
 MUD TYPE GRADE \_\_\_\_\_  
 BHST  BHCT THREAD *9RD*  
 MUD DENSITY LESS FOOTAGE SHOKE JOINT(S) *398.3* TOTAL  
 MUD VISC. Disp. Capacity *25.4*

SPECIAL INSTRUCTIONS  
*Engineering Dept. 9-11-95 for customers instructions*  
 CASING/TUBING SECURED?  YES  NO  
 LIFT PRESSURE PSI CASING WEIGHT + SURFACE AREA (3.14 x R<sup>2</sup>)  
 PRESSURE LIMIT PSI BUMP PLUG TO PSI  
 ROTATE RPM RECIPROCATATE FT No. of Centralizers \_\_\_\_\_

NOTE: Include Footage From Ground Level To Head in Disp. Capacity  
 Head & Plug  TBG  D.P. SQUEEZE JOB  
 Double  Single  Swage  Knockoff  
 SIZE WEIGHT GRADE THREAD  
 TOOL TYPE DEPTH  
 TAIL PIPE: SIZE DEPTH  
 TUBING VOLUME Bbls  
 CASING VOL BELOW TOOL Bbls  
 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	
0001 to 2400									
08:17		1500	X						
08:20		90	11	X	4	11	11		
08:22		60	50	11	4	12.2			
08:35		60	25	61					
08:42		-		86					
08:43		100	26		5	11	11		
08:46		110		19	5				
08:47		60		20	2				
08:50		660		26	2				
08:59		590							
13:21		100				14.0	3.7		
13:25		230				14.0			
13:37		440							

REMARKS

SYSTEM CODE	NO. OF SACKS	YIELD CU. FT/SK	COMPOSITION OF CEMENTING SYSTEMS		SLURRY MIXED	
					BBL	DENSITY
1.	130	2.15	C 802	C + 6% P-20 + 2% S-1 + 4% P-29	50	12.2
2.						
3.	100	1.34	C + 7% S-1 + 4% P-29		25	14.8
4.						
5.	100	1.32	C cement	TOP OUT CMT,	23	14.9
6.						

BREAKDOWN FLUID TYPE VOLUME DENSITY PRESSURE MAX *660* MIN *60*  
 HESITATION SQ.  RUNNING SQ. CIRCULATION LOST  YES  NO Cement Circulated To Surf.  YES  NO Bbls  
 BREAKDOWN PSI FINAL PSI DISPLACEMENT VOL *26* Bbls  
 Washed Thru Perfs  YES  NO TO FT. MEASURED DISPLACEMENT  WIRELINE  
 TYPE OF WELL  OIL  STORAGE  BRINE WATER  WILDCAT  
 PERFORMATIONS TO TO CUSTOMER REPRESENTATIVE *Dave Chapman* DS SUPERVISOR *R. J. ...*

# OWELL

CUSTOMER

DIVISION OF SCHLUMBERGER TECHNOLOGY CORPORATION

P.O. BOX 4378 HOUSTON, TEXAS 77210

## GILFIELD SERVICES

Dowell Service Order Receipt & Invoice No. **8296**  
 Dowell Service Location Name and Number **03-12 465505**

IMPORTANT  
 ARRIVE LOCATION **4 23 96 2300**

CUSTOMER'S NAME **Cheyenne Drilling**  
 ADDRESS

SERVICE ORDER I authorize work to begin per service instructions in accordance with terms and conditions printed on the reverse side of this form and/or attached to this form and represent that I have authority to accept and sign this order.

CITY, STATE AND ZIP CODE

SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE  
*M.L. B...*

Dowell will furnish and Customer shall purchase materials and services required in the performance of the following SERVICE INSTRUCTIONS in accordance with the general terms and conditions as printed on the reverse side of this service order and/or attached to this service order. This service order is subject to alternative dispute resolution.

COMPLETION **4 28 96**

*copy cmt. 8<sup>5</sup> of as per customers orders*

SERVICE RECEIPT I certify that the materials and services listed were received and all services performed in a workmanlike manner.

SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE  
*M.L. B...*

CUSTOMER NUMBER  
 CUSTOMER PO/CONTRACT NUMBER  
 TYPE SERVICE CODE **271**  
 WORKOVER NEW WELL OTHER  
 STATE **KS** CODE **15** COUNTY/PARISH **Keosauqua** CITY **093**

WELL NAME AND NUMBER/JOB SITE **Hill 1003-2**  
 LOCATION NAME AND NUMBER/OFFSHORE PLATFORM **SEC. 18-25-36**

ACCOUNTING CODES  
 ROUND TRIP MILEAGE **50**

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
102871-005	Pump	EQ.	1	670.00	670.00
049102-000	DEL. CHG.	EQ.	297	1.40	415.80
049102-000	SKV. CHG.	EQ.	352	1.43	503.36
059697-000	P&L	EQ.	1	167.00	167.00
059700-002	MIL	MU.	25	2.92	73.25
040003-000	CMT.	SK.	286	10.42	2980.12
101545-000	ROZ.	SK.	46	4.37	201.24
045014-050	GEL.	LB.	700	0.17	119.00
067005-100	LOCL 2	LB.	419	0.44	184.26
044003-025	CCL. FLK.	LB.	58	1.72	102.66
048601-000	CMT. H 990	EQ.	1	70.00	70.00
056015-085	DEL. L 919	EQ.	1	89.00	89.00
056011-085	CENTRALIZER	EQ.	3	82.00	246.00
048501-085	WOOD PLUG	EQ.	1	106.00	106.00
057499-001	761990 LOCK KIT	EQ.	1	28.00	28.00
048020-000	PUMP EXT 9 H 15, 98 (1500)	MT.	27	230.00	1610.00

SERVICE ORDER RECEIPT

Field EST. # **7498<sup>07</sup>** LESS DISC. # **5254** SUB TOTAL

LICENSE/REIMBURSEMENT FEE  
 REMARKS  
 STATE % TAX ON \$  
 COUNTY % TAX ON \$  
 CITY % TAX ON \$  
 SIGNATURE OF DOWELL REPRESENTATIVE *Ret P...* TOTAL \$

# DOWELL SCHLUMBERGER INCORPORATED

P.O. BOX 4378 HOUSTON, TEXAS 77210

CUSTOMER  
Hillyard 3-2 Production

## OILFIELD SERVICES

Dowell Service Order Receipt & Invoice No. **8309**  
Dowell Service Location Name and Number **D3-12 ULYSSES, KS.**

CUSTOMER'S NAME **HEIMERICH & Payne**  
ADDRESS \_\_\_\_\_  
CITY, STATE AND ZIP CODE \_\_\_\_\_

Dowell will furnish and Customer shall purchase materials and services required in the performance of the following SERVICE INSTRUCTIONS in accordance with the general terms and conditions as printed on the reverse side of this service order and/or attached to this service order. This service order is subject to alternative dispute resolution.

**Safely Cement 5 1/2 Long String AS PER CUSTOMER'S INSTRUCTIONS USING THE FOLLOWING MATERIALS**

IMPORTANT  
SEE OTHER SIDE FOR TERMS & CONDITIONS

ARRIVE LOCATION	MO.	DAY	YR.	TIME
	4	26	96	12:00

SERVICE ORDER I authorize work to begin per service instructions in accordance with terms and conditions printed on the reverse side of this form and/or attached to this form and represent that I have authority to accept and sign this order.

SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE  
*X Anti S Chubb*

JOB COMPLETION	MO.	DAY	YR.	TIME
	4	26	96	14:00

SERVICE RECEIPT I certify that the materials and services listed were received and all services performed in a workmanlike manner.

SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE  
*X Anti S Chubb*

CUSTOMER NUMBER	CUSTOMER PO/CONTRACT NUMBER	TYPE SERVICE CODE	WORKOVER NEW WELL OTHER	<input type="checkbox"/> W <input checked="" type="checkbox"/> N <input type="checkbox"/> O	AFE NUMBER
		285			

STATE	CODE	COUNTY/PARISH	CODE	CITY
Ks.	15	KEARNY	093	

WELL NAME AND NUMBER/JOB SITE	LOCATION NAME AND NUMBER/OFFSHORE PLATFORM
Hillyard # 3-2	SEC. 18-26S-36W

ACCOUNTING CODES	ROUND TRIP MILEAGE
	50

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
102871-030	PUMP CHG.	EA.	1	1460.00	1460.00
049102-000	DEL. CHG.	EA.	709	1.05	744.45
049100-000	SERV. CHG.	CU. FT.	657	1.43	939.51
059697-000	PACR. CHG.	EA.	1	167.00	167.00
059200-002	MIL. CHG.	NI	25	2.95	73.75
040003-000	'C' CMT D-903	CU-FT.	373	10.42	3886.66
101545-000	POZ D-132	CU. FT.	228	4.32	984.96
045014-050	GEL D-20	LB.	2810	.17	477.70
045004-050	SALT D-44	LB.	600	.13	78.00
044003-025	CEL. FLK. D-291	LB.	151	1.77	267.27
044002-050	Fluid Loss D-60	LB.	81	9.30	753.30
100283-000	CW 100 D-837	BSL.	107	40.85	408.50
053003-054	AUTO-FILL INSERT FLGAT	EA.	1	260.00	260.00
056011-054	5/2 CENTRALIZERS	EA.	5	66.00	330.00
056702-054	5/2 TOP PLASTIC PLUG	EA.	1	75.00	75.00
048601-000	HEAD + MINUTES	EA.	1	70.00	N/C
057499-001	THREAD-LOCK	EA.	1	28.00	28.00

SERVICE ORDER RECEIPT

SUB TOTAL

Field EST. \$ 10,934.10      With Discount \$ 6,341.78

LICENSE/REIMBURSEMENT FEE  
LICENSE/REIMBURSEMENT FEE

REMARKS:	STATE	% TAX ON \$
THANKS FOR USING DOWELL	COUNTY	% TAX ON \$
REX + CREW	CITY	% TAX ON \$
	SIGNATURE OF DOWELL REPRESENTATIVE	TOTAL \$

