

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

ORIGINAL

Operator: License # 30689

Name: Marathon Oil Company

Address P.O. Box 2690

City/State/Zip Cody, WY 82414

Purchaser: Koch

Operator Contact Person: R.P. Meabon

Phone (307) 587-4961

Contractor: Name: Gibson

License: 5866

Wellsite Geologist: None

Designate Type of Completion
 New Well Re-Entry Workover

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

If Workover:

Operator: Marathon Oil Company

Well Name: Bergquist #5

Comp. Date 11/21/92 Old Total Depth _____

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

9/26/85 10/3/85 10/17/85
Spud Date Date Reached TD Completion Date

API NO. 15- 071-20, 398 0001

County Greeley

SW - NW - NE - 6 Sec. 16S Twp. 42 Rge. X W

4290 Feet from (circle one) Line of Section

2310 Feet from (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE SE NW SW (circle one)

Lease Name Bergquist Well # 5

Field Name Stockholm

Producing Formation Morrow

Elevation: Ground 3845' KB 3852'

Total Depth 5287' PBTB 5212'

Amount of Surface Pipe Set and Cemented at 366 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set 1938 Feet

If Alternate II completion, cement circulated from 1938

feet depth to Surface w/ 350 sx cmt.

Drilling Fluid Management Plan 2-18-89 N/A
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used _____

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

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

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 R P Meabon

Title Regulatory Coordinator Date 2/2/93

Subscribed and sworn to before me this 2nd day of February, 1993.

Notary Public Connie A. Schwartz Notary Public Shurutz
Date Commission Expires 9-6-1996 State WY
Park WY
My Commission Expires: Sept. 6, 1996

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
 KCC SWD/REG
 KGS Plug
RECEIVED
STATE CORPORATION COMMISSION
FEB 2 5 1993
KANSAS CONSERVATION COMMISSION
Wichita, Kansas

SIDE TWO

Operator Name Marathon Oil Company Lease Name Bergquist Well # 5

Sec. 6 Twp. 16S Rge. 42 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 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 Datums	<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	2723'	
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Foraker	3532'	
List All E.Logs Run:	N/A	Topeka	3876'	
		Heebner	4094'	
		Lansing	4152'	
		Marmaton	4586'	
		Ft. Scott	4656'	
		Cherokee	4712'	
		Atoka	4850'	
		Morrow	5012'	
			5106'	
			5108'	

CASING RECORD							
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"	24.0	365'	Lite/Cl.H	285	CaCl ₂
Production	7-7/8"	4-1/2"	10.5	5287'	50-50 Poz	175	1#/sx. cello flk. 5% 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	Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)	Depth
4	5107'-5130'		

TUBING RECORD	Size <u>2-3/8"</u>	Set At <u>5133'</u>	Packer At <u>--</u>	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, <u>Resumed Production</u> SWD or Inj.	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
<u>11/21/92</u>				
Estimated Production Per 24 Hours	Oil <u>5</u> Bbls.	Gas <u>N/A</u> Mcf	Water <u>N/A</u> Bbls.	Gas-Oil Ratio <u>N/A</u> Gravity <u>N/A</u>

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled

Production Interval: Other (Specify) _____