

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- 165-21,635-0000
County Rush
80' E & 50' S of
- NW - SE - NW Sec. 10 Twp. 16S Rge. 20 X ^E _W

Operator: License # 5815
Name: C & R DRILLING
Address 4901 E. Drycreek Rd.,
Suite 270
City/State/Zip Littleton, CO 80122

3580 Feet from S (circle one) Line of Section
3550 Feet from E (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)

Purchaser: D & A
Operator Contact Person: Les Olson
Phone (303) 741-0621

Lease Name MORAN Well # 1
Field Name _____
Producing Formation D & A

Contractor: Name: ALLEN DRILLING COMPANY
License: 5418
Wellsite Geologist: Ron Nelson

Elevation: Ground 2140' KB 2145'
Total Depth 3987' PSTD --
Amount of Surface Pipe Set and Cemented at 360' Feet

Designate Type of Completion
 New Well Re-Entry Workover
 Oil SVD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, MSW, Expl., Cathodic, etc)

Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cat.

If Workover/Re-Entry: old well info as follows:
Operator: N/A
Well Name: _____
Comp. Date _____ Old Total Depth _____
 Deepening Re-perf. Conv. to Inj/SVD
 Plug Back PSTD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SVD or Inj?) Docket No. _____
7/05/93 7/10/93 7/11/93
Spud Date Date Reached TD Completion Date

Drilling Fluid Management Plan D+6 8-11-93
(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, 82-3-160 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 Leslie Olson
Title Vice Pres. Date 8-2-93
Subscribed and sworn to before me this 2nd day of August, 19 93.
Notary Public Leslie Olson
Date Commission Expires _____
LESLIE OLSON
Notary Public, State of Colorado
County of Arapahoe
My Commission Expires July 18, 1994

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

Operator Name C & R DRILLING Lease Name MORAN Well # 1

Sec. 10 Twp. 16S Rge. 20 East West
 County Rush

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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Anhydrite	1384	+761
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Heebner	3468	-1323
List All E.Logs Run:		Lansing KC	3512	-1367
		Pawnee	3829	-1684
		Arbuckle	3964	-1819

CASING RECORD <input type="checkbox"/> New <input 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"	20#	360'	40/60poz	210	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
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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)
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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 _____

START NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
1	0230							on location set up Truck + discuss job RIG Laying Down O.A. safety meeting
	0500	3					300	hook up to D.P. at 1420' + pump 3 BBL Fresh water spacer, 50 SKS 40/60 POC 6 1/2 Gal 1/4" Flexile / sk, 1 BBL F.W., 15 BBL mud
	0508							Knock loose pull D.P. To 780'
	0528	3					400	Hook up to D.P. at 780' + pump 3 BBL F.W. 80 SKS cement, 1 BBL F.W., 4 BBL mud
	0532							Knock loose pull D.P. To 390'
	0546	3					300	hook up to D.P. at 390' + pump 3 BBL F.W. 40 SKS cement, 1 BBL F.W.
	0615							Knock loose pull D.P. OUT OF HOLE spot 8 1/2" wood plug at 40' + 10 SKS cement pump 15 SKS cement in Rat hole
	0700							Job complete Thank you! Larry + Gene

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CUSTOMER

JOB SUMMARY

HALLIBURTON DIVISION
HALLIBURTON LOCATION

Midcontinent
Hays KS

BILLED ON TICKET NO. 512207

WELL DATA

FIELD _____ SEC. 10 TWP. 16 RNG. 20 COUNTY Rush STATE Ks

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 _____

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

JOB DATA

CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <u>7-11-93</u> TIME <u>12:15 Am</u>	DATE <u>7-11-93</u> TIME <u>02:30</u>	DATE <u>7-11-93</u> TIME <u>05:00</u>	DATE <u>7-11-93</u> TIME <u>07:00</u>

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<u>J. Dink</u>	<u>B2150</u>	<u>P.T.</u>
<u>D. Crab</u>	<u>E1609</u>	<u>51143</u>
		<u>B.T.</u>
<u>M. Karlin</u>	<u>G 1511</u>	<u>3460</u>
		<u>Hays Ks</u>

TOOLS AND ACCESSORIES

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

MATERIALS

TREAT. FLUID _____ DENSITY _____ LB./GAL. API
DISPL. FLUID _____ DENSITY _____ LB./GAL. API
PROP. TYPE _____ SIZE _____ LB.
PROP. TYPE _____ SIZE _____ LB.
ACID TYPE _____ GAL. _____ %
ACID TYPE _____ GAL. _____ %
ACID TYPE _____ GAL. _____ %
SURFACTANT TYPE _____ GAL. _____ IN
VE 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. _____
PERFRAC BALLS TYPE _____ QTY. _____
OTHER _____
OTHER _____

DEPARTMENT Cement
DESCRIPTION OF JOB P.T.A.

JOB DONE THRU: TUBING CASING ANNULUS TBG/ANN.

CUSTOMER REPRESENTATIVE X Mani Pj

HALLIBURTON OPERATOR Jimmy Dink COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./BK.	MIXED LBS./GAL.
	<u>195</u>	<u>60/40</u>	<u>P02</u>	<u>3</u>	<u>6% Gel, 1/4 # Fluorok</u>	<u>1.63</u>	<u>13</u>

PRESSURES IN PSI

CIRCULATING _____ DISPLACEMENT _____
BREAKDOWN _____ MAXIMUM _____
AVERAGE _____ FRACTURE GRADIENT _____
SHUT-IN: INSTANT _____ 5-MIN _____ 15-MIN. _____
HYDRAULIC HORSEPOWER _____
ORDERED _____ AVAILABLE _____ USED _____
AVERAGE RATES IN BPM _____
TREATING _____ DISPL. _____ OVERALL _____
CEMENT LEFT IN PIPE _____
FEET _____ REASON _____

SUMMARY

PREFLUSH: BBL.-GAL. _____
LOAD & BKDN: BBL.-GAL. _____ PAD: BBL.-GAL. _____
TREATMENT: BBL.-GAL. _____ DISPL: BBL.-GAL. _____
CEMENT SLURRY: BBL.-GAL. 566
TOTAL VOLUME: BBL.-GAL. _____

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REMARKS

CUSTOMER: Allen Drlys.
LEASE: Moran
WELL NO.: 1
JOB TYPE: P.T.A.
DATE: 7-11-93



TICKET CONTINUATION

COPY

TICKET No. **512207**

FORM 1911 R-8

CUSTOMER Allen Drlg.	WELL #1 Moran	DATE 7-11-93	PAGE 	OF
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PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION				UNIT PRICE	AMOUNT
		LOC	ACCT	DF			QTY.	U/M	QTY.		
504-136		1		B		40/60 Pozmix Standard	210			5.55	1,082.25
507-277	516.00259	1		B		Halliburton Gel @4%	7			15.50	108.50
507-210	890.50071	1		B		Flocele Blended	49	lb		1.40	68.60
207		2		B		SERVICE CHARGE				1.25	265.00
6		1		B		MILEAGE CHARGE				.85	184.36
						TOTAL WEIGHT	17,351				
						LOADED MILES	25				
						TON MILES	216.888				

CONTINUATION TOTAL **1,708.71**

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CHARGE TO: Allen Drly.
 ADDRESS:
 CITY, STATE, ZIP CODE:

COPY

TICKET

No. 512207-3

PAGE 1 OF 2

FORM 1906 R-12

SERVICE LOCATIONS 1. <u>025525</u>	WELL/PROJECT NO. <u>1</u>	LEASE <u>Moran</u>	COUNTY/PARISH <u>Rush</u>	STATE <u>KS</u>	CITY/OFFSHORE LOCATION	DATE <u>7-11-93</u>	OWNER <u>Same</u>
2.	TICKET TYPE <input type="checkbox"/> SERVICE <input type="checkbox"/> SALES	NITROGEN JOB? <input type="checkbox"/> YES <input type="checkbox"/> NO	CONTRACTOR <u>Allen Drly.</u>	RIG NAME/NO. <u>Allen Drly.</u>	SHIPPED VIA <u>51143</u>	DELIVERED TO <u>Location</u>	ORDER NO.
3.	WELL TYPE <u>01</u>	WELL CATEGORY <u>06</u>	JOB PURPOSE <u>115</u>	WELL PERMIT NO.	WELL LOCATION <u>66th St KS</u>	STATE CORPORATION COMMISSION <u>1993</u>	
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS <u>SEE</u>					

PRICE REFERENCE	SECONDARY REFERENCE/PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	QTY. U/M		RECEIVED	UNIT PRICE	AMOUNT
		LOC	ACCT	DF			QTY.	U/M			
<u>000-117</u>		<u>1</u>				<u>MILEAGE</u>	<u>51143</u>	<u>25</u>	<u>MT</u>	<u>2.75</u>	<u>68.75</u>
<u>090-910</u>		<u>1</u>				<u>Pump charge</u>		<u>2</u>	<u>Hrs</u>		<u>395.00</u>
<u>030-503</u>		<u>1</u>				<u>Wooden TOP Plug</u>		<u>1</u>	<u>EA</u>	<u>85.00</u>	<u>95.00</u>

ORIGINAL

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.

CUSTOMER OR CUSTOMER'S AGENT SIGNATURE
X Marie Pet

DATE SIGNED 7-11-93 TIME SIGNED 2:30 A.M. P.M.

do do not require IPC (Instrument Protection). Not offered

SUB SURFACE SAFETY VALVE WAS: <input type="checkbox"/> PULLED & RETURN <input type="checkbox"/> PULLED <input type="checkbox"/> RUN		SURVEY			AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	<u>558.75</u>
TYPE LOCK	DEPTH	OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?					FROM CONTINUATION PAGE(S)	<u>1708.71</u>	
BEAN SIZE	SPACERS	WE UNDERSTOOD AND MET YOUR NEEDS?							
TYPE OF EQUALIZING SUB.	CASING PRESSURE	OUR SERVICE WAS PERFORMED WITHOUT DELAY?							
TUBING SIZE	TUBING PRESSURE	WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?							
TREE CONNECTION	TYPE VALVE	ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO					SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE	<u>2267.46</u>	
		<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND							

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket

FOR CUSTOMER'S AGENT (PLEASE PRINT) X Marie Pet HALLIBURTON OPERATOR/ENGINEER L. Dinkel EMP # 82150 HALLIBURTON APPROVAL

CUSTOMER Allen Drgr.	WELL NO. 1	LEASE Moran	JOB TYPE Surface	TICKET NO. 512201
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CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
1	15:30							on location set up Truck & Discuss job RIG Drilling hole
	17:45							ST. CSG.
	18:25							CSG on bottom hook up To Circ.
	18:30							ST Circ. w/ RIG Pump & have safety meeting
	18:40							Finish Circ.
	18:43	5					400	ST mixing 210 lbs 40/60 102 2% Gel, 3% CC
	18:51	5	48 BBL				400	Finish mixing cement
	18:52	5					300	Release Plug & ST Disp.
	18:56	2	22 1/4 BBL				500	Plug Down Cement DID Circ.
	19:00							shut in CSG & windup Trk & Rack up Equip.
	20:00							JOB complete
								Thank you! Lenny & Crew

JOB SUMMARY

HALLIBURTON DIVISION
HALLIBURTON LOCATION

Midcontinent Area
Hays KS

BILLED ON TICKET NO. 512201

WELL DATA

FIELD Central SEC 10 TWP. 16 RING 20 COUNTY Rush STATE KS

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 365

	NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
CASING	<input checked="" type="checkbox"/>	20	8 5/8	KB	360	
LINER						
TUBING						
OPEN HOLE						SHOTS/FT.
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

JOB DATA

CALLER OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <u>7-5-93</u>	DATE <u>7-5-93</u>	DATE <u>7-5-93</u>	DATE <u>7-5-93</u>
TIME <u>14:00</u>	TIME <u>15:30</u>	TIME <u>18:25</u>	TIME <u>20:00</u>

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR		
FLOAT SHOES		
CARRY SHOES		
NEUTRALIZERS		
WOM PLUG		
PLUG <u>8 5/8 wood</u>	<u>1</u>	<u>Howco</u>
PACKER		
OTHER		

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<u>J. Dinkal</u>	<u>B2150</u>	<u>P.T.</u>
<u>D. Ash</u>	<u>E1609</u>	<u>Hays KS</u>
<u>G. Blessing</u>	<u>52160-1</u>	<u>3860 Hays KS</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. _____
 PERFRAC BALLS TYPE _____ QTY. _____
 OTHER _____

DEPARTMENT Cement
 DESCRIPTION OF JOB Surface
 JOB DONE THRU: TUBING CASING ANNULUS TBG/ANN.
 CUSTOMER REPRESENTATIVE X Marie Pugh
 HALLIBURTON OPERATOR X Dinkal COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF BAGS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./BK.	MIXED LBS./GAL.
	<u>210</u>	<u>40/60</u>	<u>P02</u>	<u>B</u>	<u>2% Gel, 3% CC</u>	<u>1.29</u>	<u>14.1</u>

PRESSURES IN PSI

CIRCULATING _____ DISPLACEMENT _____
 SHUT-IN: INSTANT _____ 5-MIN. _____ 15-MIN. _____
 ORDERED _____ AVAILABLE _____ USED _____
 REASON Requested

SUMMARY

PRESLUSH: BBL. GAL. _____ TYPE _____
 LOAD & BKDN: BBL. GAL. _____
 TREATMENT: BBL. GAL. _____
 CEMENT SLURRY: BBL. GAL. 48.2
 TOTAL VOLUME: BBL. GAL. _____

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 STATE CORPORATION COMMISSION

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REMARKS

CUSTOMER: Allen Drilling Co.
 LEASE: Moran
 WELL NO.:
 JOB TYPE: Surface
 DATE: 7-5-93