

FORM MUST BE TYPED

SIDE ONE

ORIGINAL

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

API NO. 15- 071-20273 ~~00-03~~

County Greeley

- NW - NW - SW Sec. 12 Twp. 16S Rge. 43 ^E _W

2300 Feet from N (circle one) Line of Section

300 Feet from E (circle one) Line of Section

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

Lease Name Garrison A Well # 4

Field Name Stockholm

Tested Keyes Sand
Producing Formation

Elevation: Ground 3904' KB 3914'

Total Depth 5345' PBDT 5236'

Amount of Surface Pipe Set and Cemented at 733 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 1800

and
feet depth 1000' w/ total 305 sx cmt.

Drilling Fluid Management Plan See Side Two
REWORK 7-17-95
(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. _____

Operator: License # 30689

Name: Marathon Oil Company

Address 1501 Stampede Avenue

City/State/Zip Cody, WY 82414-4721

Purchaser: ---

Operator Contact Person: R. P. Meabon

Phone (307) - 587-4961 ext 3002

Contractor: Name: Patrick Well Service

License: 7547

Wellsite Geologist: None

Designate Type of Completion

New Well Re-Entry Workover

Oil SWD SLOW Temp. Abd.

Gas ENHR SIGW

Dry Other (Core, WSW, Expl., Cathodic, etc)
Water Injector

If Workover:

Operator: Marathon Oil Company

Well Name: Garrison A #4

Comp. Date 8/6/93 Old Total Depth 5345'

CEMENT SQUEEZE

Deepening Re-perf. Conv. to Inj/SWD

Plug Back 5236' PBDT

Commingled Docket No. _____

Dual Completion Docket No. _____

Other (SWD or Inj?) Docket No. F26, 799

10/4/94 2/25/83 12/2/94
Starting Date Date Reached TD Completion Date of Workover

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 RPM

Title REGULATORY COORDINATOR Date 7/14/95

Subscribed and sworn to before me this 14th day of July 19 95.

Notary Public Carol M. Rosencrance

Date Commission Expires 4-17-96

Carol M. Rosencrance
County of Park
Notary Public
State of Wyoming
My Commission Expires Apr. 17, 1996

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

SIDE TWO

Operator Name Marathon Oil Company

Lease Name Garrison A

Well # 4

Sec. 12 Twp. 16S Rge. 43
 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 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:

Name	Top	Datum
Stone Corral	2768'	
Neva	3498'	
Wabaunsee	3703'	
Topeka	3932'	
Lansing	4262'	
Marmaton	4658'	
Cherokee	4770'	
Atoka	4900'	
Morrow	5070'	
Mississippian	5263'	

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"	24#	733'	Class 'H'	430	3% CaCl ₂
Production	7-7/8"	4-1/2"	10.5#	5340'	50-50 Poz	272	10% Salt
							2% Gel, 3/4%

ADDITIONAL CEMENTING/SQUEEZE RECORD					CFR-2
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives	
<input checked="" type="checkbox"/> Perforate					
<input checked="" type="checkbox"/> Protect Casing	1000'-1800'	Light	150	No additives	
<input type="checkbox"/> Plug Back TD					
<input type="checkbox"/> Plug Off Zone	Surf.-1000'	Light	180	No additives	

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
4 SPF	5232'-5264' (Keyes Sand Cross	Squeezed to 1500 psi w/25 sxs Class	"A"
	Flow Test Only)		

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2-3/8"		5132'	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj.		Producing Method			
10/10/94 Test		<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Test Other (Explain)			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	---	---		TDS of Keyes Water is 5953/mg/l	

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) Squeezed Keyes perforation

Returned well to Morrow Injection



JOB SUMMARY

HALLIBURTON DIVISION MIL. CONT.
HALLIBURTON LOCATION LAMAR CO

BILLED ON TICKET NO. 590565

FIELD STOCKHOLM SEC 12 TWP 14 RNG 42 COUNTY CHESTER 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	12		4 1/2	150	5207	
LINER						
TUBING	12		2 3/4	150	5207	
OPEN HOLE						SHOTS/FT
PERFORATIONS				5234	5234	
PERFORATIONS						
PERFORATIONS						

JOB DATA

CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <u>12-2-94</u>	DATE <u>12-2-94</u>	DATE <u>12-2-94</u>	DATE <u>12-2-94</u>
TIME <u>05:00</u>	TIME <u>11:30</u>	TIME <u>01:30</u>	TIME <u>11:00</u>

TOOLS AND ACCESSORIES

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

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<u>B. PALMER BL702</u>	<u>52625</u>	<u>LAMAR</u>
<u>C. KINISTON FL880</u>	<u>4037</u>	<u>11</u>
<u>C. ALLEY 44061</u>	<u>37459</u>	<u>1</u>
ORIGINAL		

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
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. _____ IN
PERFAC BALLS TYPE _____ QTY. _____
OTHER _____
OTHER _____

DEPARTMENT 621
DESCRIPTION OF JOB 59
JOB DONE THRU TUBING CASING ANNULUS TBC/ANN
CUSTOMER REPRESENTATIVE X [Signature]
HALLIBURTON OPERATOR [Signature] COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF BAGS	CEMENT BRAND	BULK BACKED	ADDITIVES	YIELD CU.FT./BK.	MIXED LBS/GAL
<u>1</u>	<u>25</u>	<u>STB</u>			<u>11.15</u>	<u>15.6</u>

PRESSURES IN PSI

SUMMARY

VOLUMES

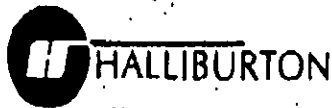
PREFLUSH: BBL. GAL. _____ TYPE _____
DAD & BKON. BBL. GAL. _____ PAD BBL. GAL. _____
REATMENT BBL. GAL. _____ DISPL. BBL. 2.0
EMENT SLURRY BBL. GAL. 5
OTAL VOLUME. BBL. GAL. _____

REMARKS

Post-It™ brand fax transmittal memo 7871 # of pages 4

To <u>Charles Adam</u>	From _____
Co. _____	Co. _____
Dept _____	Phone # _____
Fax # _____	Fax # _____

CUSTOMER WARRATSON OIL & GAS LEASE GA BRISON WELL NO. A-4 JOB TYPE 59 DATE 12-2-94



ORIGINAL

JOB LOG FORM 2013 R-4

DATE 12-2-97 PAGE NO

CUSTOMER MARATHON WELL NO. A-4 LEASE GARRISON JOB TYPE SQ TICKET NO. 590566

Table with columns: CHART NO., TIME, RATE (BPM), VOLUME (BBL) (GAL), PUMPS (T, C), PRESSURE (PSI) (TUBING, CASING), DESCRIPTION OF OPERATION AND MATERIALS. Contains handwritten entries for well operations including fill annulus, take end batt, mix cement pump, start disa, finish disp. 2 sq, sting out, and break out.

CHARGE TO: **MARATHON OIL & GAS**
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET No. **590566-9**
 PAGE 1 OF 1

WELL LOCATIONS: **LAMAR LUDSON** WELL/PROJECT NO.: **A-4** LEASE: **GARRISON** COUNTY/PARISH: **GREELEY** STATE: **KS** CITY/OFFSHORE LOCATION: DATE: **12-2-94** OWNER: **SAME**

TICKET TYPE: SERVICE SALES NITROGEN JOB? YES NO CONTRACTOR: RIG NAME/NO.: SHIPPED VIA: **TR** DELIVERED TO: **Loc.** ORDER NO.: WELL TYPE: **01** WELL CATEGORY: **01** JOB PURPOSE: **060** WELL PERMIT NO.: WELL LOCATION: **12, 165, 43**

INVOICE INSTRUCTIONS:

PRICE REFERENCE	SECONDARY REFERENCE / PART NUMBER	ACCOUNTING LOC	ACCT OF	DESCRIPTION	QTY	UM	QTY	UM
2117				MILEAGE	75			
9-124	004-019			PUMP CHARGE	52M			

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.

STOMER OR CUSTOMER'S AGENT SIGNATURE: *[Signature]*

DATE SIGNED: TIME SIGNED: A.M. P.M.

do do not require IPC (Instrument Protection) Not offered

SUB SURFACE SAFETY VALVE WAS: PULLED & RETURN PULLED RUN

TYPE LOCK	DEPTH	SURVEY: <input checked="" type="checkbox"/> AGREE <input type="checkbox"/> SUM-2 DECIDED <input type="checkbox"/> DISAG OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? WE UNDERSTOOD AND MET YOUR NEEDS? OUR SERVICE WAS PERFORMED WITHOUT DELAY? WE OPERATED THE EQUIPMENT AND PERFORMED THE JOB CALCULATIONS SATISFACTORILY? ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
BEAM SIZE	SPACERS		
TYPE OF EQUALIZING SUB	CASING PRESSURE		
TUBING SIZE	TUBING PRESSURE		WELL DEPTH
TREE CONNECTION	TYPE VALVE	<input checked="" type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND	

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services described on this invoice.

STOMER OR CUSTOMER'S AGENT (PLEASE PRINT): *[Signature]* CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE): *[Signature]* HALLIBURTON OPERATOR/ENGINEER: *[Signature]* EMP #: **441041** HALLIBURTON APPROVAL: *[Signature]*

ORIGINAL

15-071-20273-0003



HALLIBURTON ENERGY SERVICES

TICKET CONTINUATION

ORIGINAL

TICKET No. **590564**

CUSTOMER **Marathon Oil & Gas** WELL **MARRISON**

DATE **12-2-94** PAGE **1** OF **1**

1911 R-9

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	U/M	QTY.	U/M
		LOC	ACCT	DF					
4-308	516.00261				STANDARD Cement	25	SKS		
					SERVICE CHARGE	CUBIC FEET		25	
					MILEAGE CHARGE	TOTAL WEIGHT	LOADED MILES	TON MILES	
0-207						2350	75	88.13	
0-306									

ORIGINAL

CONTINUE