

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

API NO. 15- 071-20659-0000 ORIGINAL

County greeley

C El/2 El/2-S E
Sec. 2 Twp. 20 Rng. 40 X W

1320 Feet from (S) (circle one) Line of Section

330 Feet from (E) (circle one) Line of Section

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

Lease Name Burske Well # 2

Field Name Bradshaw

Producing Formation Winfield

Elevation: Ground 3565 KB 3570

Total Depth 2863 PBDT 2857

Amount of Surface Pipe Set and Cemented at 254 Feet

Multiple Stage Cementing Collar Used? Yes X No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 2863

feet depth to surface w/ 475 sx cat.

Drilling Fluid Management Plan ALT 2 971 11-7-97
(Data must be collected from the Reserve PLT)

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 # 4894

Name: Horseshoe Operating Co.

Address 500 West Texas

Suite 1190

City/State/Zip Midland Tx., 79701

Purchaser: Natural Gas Clearing House

Operator Contact Person: Jim Dixon

Phone (915) 683-1448

Contractor: Name: Murfin Drilling Co.

License: 30606

Wellsite Geologist: None

Designate Type of Completion
 New Well Re-Entry Workover

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

If Workover/Re-Entry: old well info as follows:

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. _____

10-15-96 10-17-96 11-1-96
Spud Date Date Reached TD Completion Date

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 Terry Maxwell

Title Consultant Date 2-12-96

Subscribed and sworn to before me this 10 day of Feb 1996

Notary Public Ronda P. Maxwell

Date Commission Expires _____

NOTARY PUBLIC, State of Kansas
RONDA P. MAXWELL
My Appt. Exp. 12-13-2000

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

TELEPHONE:
 AREA CODE 913 483-2627
 AREA CODE 913 483-3887

ALLIED CEMENTING COMPANY, INC.

P.O. BOX 81
 MIDWESTERN EXPLORATION COMPANY
 RUSSELL, KANSAS 67665

LEASE: ROBERT DATE REC'D: 12-16-96

TO: Midwestern Exploration Co. ~~INTANG.~~ TANG. ~~INTANG.~~ 73319
 P. O. Box 1884 ~~COMP.~~ X ~~INTANG.~~ X ~~INTANG.~~ X
 Liberal, KS 67905 ~~OP. EXP.~~ USED FOR: Cement ~~PURCHASE ORDER NO.~~
 LEASE NAME McCorberts #1
 ACCOUNT NO. 62600 71100 DATE ENTERED DATE 9-9-96
 APPROVED BY: CU B.O. DATE PAID:

SERVICE AND MATERIALS AS FOLLOWS:

Common ASC 125 sks @\$8.70	\$1,087.50	PAID	
Salt 12 sks @\$7.00	84.00		
Lite 500 sks @\$6.65	3,325.00		
FloSeal 125# @\$1.15	143.75		
Mud Sweep 500 gal @\$1.80	900.00		\$5,540.25
Handling 625 sks @\$1.05	656.25		
Mileage (84) @\$0.04¢ per sk per mi	2,100.00		
Production Casing	1,030.00		
Mi @\$2.85 pmp trk chg	239.40		4,025.65
1 Guide Shoe-----	\$140.00		
8 Centralizers-----	424.00		
1 Thread Lock-----	30.00		
1 Latch down Plug-----	515.00		1,109.00
	Total		\$10,674.90

*Chuck
 were the
 Surface
 or
 Production*

Thank You!

Following Date of Invoice. 1½% Charged Thereafter

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claims or suits for

COPY

ORIGINAL

Horsehoe Operating Co.

Lease Name Burske

Well # # 2

Sec. 2 Twp. 20 Rge. 40

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 sheets 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:

Neutron - Density - GR - Caliper
Cemt Bond - GR - Collar Correlation

Name	Top	Datum
Stone Corral	2442	+1128
Winfield	2818	+ 752

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	254	C	175	2% CaCl 1/4#/sx ce
Production	7 7/8"	4 1/2"	11:6#	2862	C	350	3% Ext 2% CaCl
"					"	125	2% CaCl 1/4# cell

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
1	2826-42	1000 gal 7.5% Acid	2826-42
		12320# 20/40 Sand	
		280 bbls gelled KCL	

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2 3/8"	2845		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of (First) Resumed Production, SWD or Inj.	Producing Method
11-1-96	<input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
		220	50		

Disposition of Gas:

Vented Sold Used on Lease
(If vented, submit ACO-18.)

METHOD OF COMPLETION

Open Hole Perf. Dually Comp. Commingled 2826-42
 Other (Specify)

Production Interval

CEMENTING SERVICE REPORT

Schlumberger

Dowell

DOWELL SCHLUMBERGER INCORPORATED

TREATMENT NUMBER	12 9697	DATE	10/15/76
STAGE	DS	DISTRICT	1345

DS-496-A PRINTED IN U.S.A.

WELL NAME AND NO.	LOCATION (LEGAL)	RIG NAME:
Field-Pool	FORMATION	WELL DATA:
COUNTY/PARISH	STATE	BIT SIZE
NAME	API. NO.	CSG/Liner Size
ADDRESS		TOTAL DEPTH
ZIP CODE		WEIGHT

TOP	BOTTOM	ROT	CABLE	FOOTAGE	MUD TYPE	GRADE	GRADE	THREAD	LESS FOOTAGE SHOE JOINT(S)	DISP. CAPACITY	TOTAL

ORIGINAL

SPECIAL INSTRUCTIONS

IS CASING/TUBING SECURED? YES NO

LIFT PRESSURE 190 PSI CASING WEIGHT = SURFACE AREA (3.14 x R²)

PRESSURE LIMIT 1000 PSI BUMP PLUG TO 1000 PSI

ROTATE RPM RECIPROCATE FT No. of Centralizers

SHOE	DEPTH	TYPE	DEPTH	TYPE	DEPTH

Head & Plugs TBG D.P. SQUEEZE JOB

Double SIZE WEIGHT

Single GRADE THREAD

Swage KNOCKOFF

TOP OR NEW USED

BOT OR DEPTH

JOB SCHEDULED FOR TIME: 7:15 AM DATE: 10/15/76 ARRIVE ON LOCATION TIME: 7:20 DATE: 10/15/76 LEFT LOCATION TIME: 2:40 DATE: 10/15/76

TIME	PRESSURE		VOLUME PUMPED BBL		INJECT RATE	FLUID TYPE	FLUID DENSITY	SERVICE LOG DETAIL
	TBG OR D.P.	CASING	INCREMENT	CUM				
0001 to 2400								PRE-JOB SAFETY MEETING
2254	-	205	15	12	5.5	1120	8.3	START 420
2257	-	172	32	15	5.5	1120	12.3	START 600
2302	-	115	17	47	5.5	1120	11.8	START 700
2305	-	-	-	-	-	-	-	Shutdown
2306	-	60	5	64	5.5	1120	8.3	Displacement START Displacement
2310	-	-	-	-	-	1120	12.8	Return
2311	-	90	-	72	5.5	1120	8.3	Change Pump Rate
2312	-	-	-	-	-	-	-	Shutdown
2313	-	-	-	-	-	-	-	Shutdown Head manifold
2313	-	-	-	-	-	-	-	and job
2314	-	-	-	-	-	-	-	STOPPAGE

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REMARKS

SYSTEM CODE	NO. OF SACKS	YIELD CU. FT/SK	COMPOSITION OF CEMENTING SYSTEMS		SLURRY MIXED	
			1	2	BBLs	DENSITY
1.	100	1.86	35/15	60/40	33.6	12.8
2.	75	1.34	20/80	40/60	17.8	14.8
3.						
4.						
5.						
6.						

BREAKDOWN FLUID TYPE

HESITATION SQ. RUNNING SQ. CIRCULATION LOST YES NO

BREAKDOWN PSI FINAL PSI DISPLACEMENT VOL. 14 Bbls

Washed Thru Perfs YES NO TO FT. MEASURED DISPLACEMENT WIRELINE

PERFORATIONS TO TO CUSTOMER REPRESENTATIVE Tracy Marshall DS SUPERVISOR W. Marshall

CEMENTING SERVICE REPORT

Schlumberger
Dowell

TREATMENT NUMBER	DATE
STAGE	DS DISTRICT

DS-496-A PRINTED IN U.S.A.

WELL NAME AND NO. BUCK #2	LOCATION (LEGAL) 200 2 00 4000	RIG NAME SUNRISE #2
FIELD-POOL	FORMATION chase	WELL DATA: BOTTOM TOP
COUNTY/PARISH Greeley	STATE KS	API. NO.
NAME Horse shoe operating	AND	ADDRESS
SPECIAL INSTRUCTIONS Log unit 4 1/2 is as per customer instructions	IS CASING/TUBING SECURED? <input type="checkbox"/> YES <input type="checkbox"/> NO	LIFT PRESSURE PSI
PRESSURE LIMIT PSI	BUMP PLUG TO PSI	ROTATE RPM RECIPROCATE FT No. of Centralizers

BIT SIZE 7 7/8	CSG/Liner Size 4 1/2	ORIGINAL
TOTAL DEPTH 2863	WEIGHT 120	
<input type="checkbox"/> ROT <input type="checkbox"/> CABLE	FOOTAGE 2863	
MUD TYPE	GRADE	
<input type="checkbox"/> BHST <input type="checkbox"/> BHCT	THREAD 8RD	TOTAL
MUD DENSITY	LESS FOOTAGE SHOE JOINT(S)	
MUD VISC.	Disp. Capacity 45	

NOTE: Include Footage From Ground Level To Head In Disp. Capacity		
SHOE Float	TYPE AUTO FILL	DEPTH 2863
SHOE	TYPE AUTO FILL Taps	DEPTH 2863
Head & Plugs	<input type="checkbox"/> TBG <input type="checkbox"/> D.P.	SQUEEZE JOB
<input type="checkbox"/> Double <input type="checkbox"/> Single	SIZE WEIGHT	TOOL TYPE DEPTH
<input type="checkbox"/> Swage <input type="checkbox"/> Knockoff	GRADE THREAD	TAIL PIPE: SIZE DEPTH
TOP <input type="checkbox"/> OR <input type="checkbox"/> W	<input type="checkbox"/> NEW <input type="checkbox"/> USED	TUBING VOLUME Bbbs
BOT <input type="checkbox"/> OR <input type="checkbox"/> W	DEPTH	CASING VOL. BELOW TOOL Bbbs
		TOTAL ANNUAL VOLUME Bbbs

TIME	PRESSURE		VOLUME PUMPED BBL		JOB SCHEDULED FOR			ARRIVE ON LOCATION		LEFT LOCATION	
	TBG OR D.P.	CASING	INCREMENT	CUM	TIME	DATE	TIME	DATE	TIME	DATE	
0001 to 2400											
0600		2000		X			11.0	9.3			PRE-JOB SAFETY MEETING
0605		260	15	1	5.6	11	11				GETTING LINE
0605		340	202	25	5.6	11.0	11.0				STARTED
0641		200	35	217	4.0	11.0	14.8				LOCATED
0646		160				11.0	9.3				START DOWN WASH TAP
0654		100	40			11	11				DROP PLUG
0654		120			5.6	11	11				START DISH
0657		240		19	5.6	11	11				GETTING TO SURFACE
0659		190		28	2	11	11				LOCATED 20 FT
0720		1280		46	1	11	11				BUMP PLUG
0721											STARTED WASH TAP

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REMARKS

SYSTEM CODE	NO. OF SACKS	YIELD CU. FT/SK	COMPOSITION OF CEMENTING SYSTEMS		SLURRY MIXED	
			BBS	DENSITY	BBS	DENSITY
1.	350	3.13	10 + 260.79 + 2% S-1	11.0	202	11.1
2.						
3.	1.5	1.34	10 + 12.5 + 4% S-1	11.0	11	11.0
4.						
5.						
6.						

BREAKDOWN FLUID TYPE	VOLUME	DENSITY	PRESSURE	MAX.	MIN:
<input type="checkbox"/> HESITATION SQ.	<input type="checkbox"/> RUNNING SQ.	CIRCULATION LOST	<input type="checkbox"/> YES <input type="checkbox"/> NO	Cement Circulated To Surf.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 26 Bbbs
BREAKDOWN	PSI FINAL	PSI	DISPLACEMENT VOL.	40	Bbbs
Washed Thru Perfs	<input type="checkbox"/> YES <input type="checkbox"/> NO	TO	MEASURED DISPLACEMENT	<input type="checkbox"/> WIRELINE	TYPE OF WELL <input type="checkbox"/> OIL <input type="checkbox"/> GAS <input type="checkbox"/> STORAGE <input type="checkbox"/> INJECTION <input type="checkbox"/> BRINE WATER <input type="checkbox"/> WILDCAT 455Ks
PERFORATIONS	TO TO	TO TO	CUSTOMER REPRESENTATIVE	DS SUPERVISOR	