

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

API NO. 15- 077-20,5510001 ORIGINAL

County Harper
SW - SW Sec. 12 Twp. 31S Rge. 9 X^E_W

Operator: License # 5144

660 Feet from ⓃN (circle one) Line of Section

Name: Mull Drilling Company, Inc.

660 Feet from EⓈ (circle one) Line of Section

Address P.O. Box 2758

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

Wichita, KS 67201

City/State/Zip _____

Lease Name Grabs Well # 1

Purchaser: Plains Liquid Transport

Field Name Spivey-Grabs-Basil

Operator Contact Person: John M. Parker

Producing Formation Mississippian

Phone (316) 264-6366

Elevation: Ground 1650 KB 1657

Contractor: Name: N/A

Total Depth 4457 PBDT _____

License: _____

Amount of Surface Pipe Set and Cemented at 249 Feet

Wellsite Geologist: N/A

Multiple Stage Cementing Collar Used? _____ Yes X No

Designate Type of Completion
_____ New Well _____ Re-Entry X _____ Workover

If yes, show depth set _____ Feet

X Oil _____ SWD _____ S10W _____ Temp. Abd.
_____ Gas _____ ENHR _____ S16W
_____ Dry _____ Other (Core, WSW, Expl., Cathodic, etc)

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cnt.

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

Drilling Fluid Management Plan REWORK JJK 9-6-95
(Data must be collected from the Reserve Pit)

Operator: Mull Drilling Company, Inc.

Chloride content _____ ppm Fluid volume _____ bbls

Well Name: Grabs #1

Dewatering method used _____

Comp. Date 1-4-80 Old Total Depth 4457

Location of fluid disposal if hauled offsite: _____

X RE-FRACTURE TREATED
_____ Deepening _____ Re-perf. _____ Conv. to Inj/SWD
_____ Plug Back _____ PBDT
_____ Commingled _____ Docket No. _____
_____ Dual Completion _____ Docket No. _____
_____ Other (SWD or Inj?) _____ Docket No. _____

Operator Name _____

Lease Name _____

Quarter _____ Sec. _____ Twp. _____

County _____

12-9-94

12-9-94

Date OF START Date Reached TD Completion Date OF
OF WORKOVER OF WORKOVER

Docket No. _____

STATE CORPORATION COMMISSION
RECEIVED
JAN 20 1995
OIL & GAS CONSERVATION DIVISION
WICHITA, KANSAS

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 John M. Parker
Title Petroleum Engineer Date 1-18-95

Subscribed and sworn to before me this 18th day of January, 19 95.

Notary Public Jannis L. Tritt

Date Commission Expires _____

TANNIS L. TRITT
Notary Public - State of Kansas
My Appt. Expires 3-26-95

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)

Operator Name Mull Drilling Company, Inc. Lease Name: Grabs Well # 1
 Sec. 12 Twp. 31S Rge. 9 East County Harper
 West

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	Heebner	3473	-1816
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Lansing	3666	-2009
List All E.Logs Run:		Stark Shale	4095	-2438
		Cherokee	4311	-2654
		Mississippian	4396	-2739
		Log Total Depth	4458	-2801

CASING RECORD <input checked="" 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"		249	Com	175	
Production		4 1/2"	9 1/2	4456	Com 50-50 Poz	25 75	

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	
	4	4422-38'		Acid 750 gals MA & Frac w/ 10,000# sd. & 394 bbls Fluid
4	4398-4416		Acid 1000 gal 15% DSFE&64 Ball Sealers Frac w/34,100gal Borager 3.5185 & 41,000 #12/20 Brady Sand	
TUBING RECORD		Size 2 7/8"	Set At 4298	Packer At Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumed Production, SWD or Inj. 12-10-94	Producing Method <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		
	4	20	20	5000 n	27.8		

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: 4422-38&4398-4416