

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

15-033-21136-0003
Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 4548
 Name: ONEOK RESOURCES CO.
 Address: P.O. BOX 871
 City/State/Zip: TULSA, OK 74102-0871
 Purchaser: ONEOK MIDSTREAM GAS SUPPLY LLC
 Operator Contact Person: DARYL DUVAL
 Phone: (918) 588-7711
 Contractor: Name: CHEYENNE DRILLING
 License: 5382
 Wellsite Geologist: HAROLD TRAPP
 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/Re-entry: Old Well Info as follows:
 Operator: _____
 Well Name: _____
 Original Comp. Date: _____ Original Total Depth: _____
 Deepening Re-perf. Conv. to Enhr./SWD
 Plug Back _____ Plug Back Total Depth
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____

<u>01/05/01</u>	<u>01/18/01</u>	<u>04/23/01</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15-⁰³³~~003~~-21136 0000
 County: COMANCHE
SW NW NE Sec. 13 Twp. 31 S. R. 18 East West
1050 feet from S (N) (circle one) Line of Section
2350 feet from (E) / W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) (NE) SE NW SW
 Lease Name: PYLE Well #: 5-13
 Field Name: WILMORE
 Producing Formation: MISSISSIPPI
 Elevation: Ground: 2072 Kelly Bushing: 2084
 Total Depth: 5182 Plug Back Total Depth: 5126
 Amount of Surface Pipe Set and Cemented at 730 Feet
 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 cmt.

Drilling Fluid Management Plan 6.4.03 JH
 (Data must be collected from the Reserve Pit)
 Chloride content 75000 ppm Fluid volume _____ bbls
 Dewatering method used _____
 Location of fluid disposal if hauled offsite:
 Operator Name: SEE ATTACHED SHEETS
 Lease Name: _____ License No.: _____
 Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
 County: _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, 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 of 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: Daryl Duval
 Title: District Engineer Date: 4/23/01
 Subscribed and sworn to before me this 23rd day of April,
2001
 Notary Public: Shereka Deltor
 Date Commission Expires: 12-18-01

KCC Office Use ONLY
 Letter of Confidentiality Attached **RECEIVED**
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received APR 26 2001
 _____ UIC Distribution 4-26-01
 CONSERVATION DIVISION
 Wichita, Kansas

Operator Name: ONEOK RESOURCES CO. Lease Name: PYLE Well #: 5-13
 Sec. 13 Twp. 31 S. R. 18 East West County: COMANCHE

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems 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 test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

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)

Log Formation (Top), Depth and Datum Sample
 Name Top Datum
 See Attached Sheet

List All E. Logs Run:

High Definition Induction Log, Gamma Ray, Caliper Log,
 Compensated Z-Densilog, Compensated Neutron, Minilog,
 Sonic Cement Bond

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
Conductor	24	20	94	59	Grout	3 yds	
Surface	12.25	8.625	24	730	Prem Plus	290	2% CC
Production	7.875	4.5	11.6	5183	Prem Plus	275	5% KCL

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing				
___ Plug Back TD				
___ 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
5	5025-5030 Mississippi	500gals 15% Double FE & 20bbbls 2% KCL	
		1000gal 15% NEFE acid w/20 ball sealers,	
		40 bbbls 2% KCL	

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2-3/8"	5113		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr.			Producing Method		
4/27/01			<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
	20	50	7	2.5/1	

Disposition of Gas Vented Sold Used on Lease (if vented, Sumit ACO-18.)

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____

ORIGINAL

15-003-21136-0000

FORMATIONS FOR THE PYLE 5-13

Name	Top	Datum
Heebner	4178	2094
Toronto	4192	2108
Lansing	4354	2270
Iola	4540	2456
BKC	4787	2703
Marmaton	4796	2712
Pawnee	4888	2804
Mississippi	4994	2910
TD	5182	3098

JOB SUMMARY

ORDER NO. 70006

TICKET #	1094568	TICKET DATE	1-19-01
BDA / STATE	KS	COUNTY	COMANCHE
PSL DEPARTMENT	ZONAL ISOLATION		
CUSTOMER REP / PHONE	DENNIS HERTEL 314-672-8082		
API / UWI #			
JOB PURPOSE CODE	035 ORIGINAL		

REGION	North America	NWA/COUNTRY	MID CONTINENT
MBU ID / EMP #	MCL T0104 105848	EMPLOYEE NAME	JOHN WOODROW
LOCATION	1. BERAK KS	COMPANY	ONEOK RESOURCES
TICKET AMOUNT	\$ 14,085.43	WELL TYPE	01
WELL LOCATION	WILMORE	DEPARTMENT	CEMENT
LEASE / WELL #	PLYE # 5-13	SEC / TWP / RING	13-315-18W

HES EMP NAME/EMP#/(EXPOSURE HOURS)	HRS	HES EMP NAME/EMP#/(EXPOSURE HOURS)	HRS	HES EMP NAME/EMP#/(EXPOSURE HOURS)	HRS	HES EMP NAME/EMP#/(EXPOSURE HOURS)	HRS
J. WOODROW 105848		F. LEWIS 217663					
J. WOOD 213686		P. MARTINEZ 213707					

HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES
420621 P/U	110	52920-77031	110				
54219-78299	110	57194-6612	110				

Form Name _____ Type: _____
 Form Thickness _____ From _____ To _____
 Packer Type _____ Set At _____
 Bottom Hole Temp. _____ Pressure _____
 Misc. Data _____ Total Depth _____

DATE	CALLLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
	1-18-01	1-18-01	1-19-01	1-19-01
TIME	1800	2230		

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY	MAKE
Float Collar INSERT 4 1/2	1	H
Float Shoe		
Guide Shoe REG 4 1/2	1	O
Centralizers F.M 4 1/2	12	
Bottom Plug		W
Top Plug S-W 4 1/2	1	
Head P/C 4 1/2	1	C
Packer		
Other		O

WELL DATA

	NEW/USED	WEIGHT	SIZE	FROM	TO	MAX ALLOW
Casing	N	10.6	4 1/2	KB	5183	
Liner						
Liner						
Tbg/D.P.						
Tbg/D.P.						
Open Hole						SHOTS/FT.
Perforations						
Perforations						
Perforations						

MATERIALS

Treat Fluid	Density	Lb/Gal
Disp. Fluid	Density	Lb/Gal
Prop. Type	Size	Lb.
Prop. Type	Size	Lb.
Acid Type	Gal.	%
Acid Type	Gal.	%
Surfactant	Gal.	In
NE Agent	Gal.	In
Fluid Loss	Gal/Lb	In
Gelling Agent	Gal/Lb	In
Fric. Red.	Gal/Lb	In
Breaker	Gal/Lb	In
Blocking Agent	Gal/Lb	
Perfpac Balls	Qty.	
Other		
Other		
Other		
Other		

HOURS ON LOCATION		OPERATING HOURS		DESCRIPTION OF JOB
DATE	HOURS	DATE	HOURS	
				(SEE JOB LOG)
TOTAL		TOTAL		

ORDERED _____ **HYDRAULIC HORSEPOWER** _____
 Avail. _____ Used _____
 TREATED _____ **AVERAGE RATES IN BPM** _____
 Disp. _____ Overall _____
 FEET 45 **CEMENT LEFT IN PIPE** _____
 Reason SHOE JOINT

CEMENT DATA

STAGE	SACKS	CEMENT	BULK/SKS	ADDITIVES	YIELD	LBS/GAL
	275	Pt 50/50 port B	B	5% CAL SEAL, 5% KCL, 6% GILSONITE, .5% HWAD-322	1.67	13.2

Circulating _____	Displacement _____	Preflush: Gal - 500 500	Type mud PLUS H
Breakdown _____	Maximum _____	Load & Bkdn: Gal - BBI	Pad: BBI - Gal
Average _____	Frac Gradient _____	Treatment: Gal - BBI	Disp: BBI Gal 81.6
Shut In: Instant _____	5 Min _____ 15 Min _____	Cement Slurr: Gal - BBI 81.7	
		Total Volume: Gal - BBI	

Frac Ring #1 _____ Frac Ring #2 _____ Frac Ring #3 _____ Frac Ring #4 _____

THE INFORMATION STATED HEREIN IS CORRECT

CUSTOMER'S REPRESENTATIVE SIGNATURE: *D. Hertel*

JOB SUMMARY

ORDER NO. 70008

TICKET #	1068515	TICKET DATE	1-6-01
BDA / STATE	KJ	COUNTY	CANTON (4A)
PSL DEPARTMENT	ZI	CUSTOMER REP / PHONE Dennis Herkel 1-316-672-8022	
API / UWI #		JOB PURPOSE CODE 010	

REGION	North America	NWA/COUNTRY	USA
MBU ID / EMP #	MCL10103 106304	EMPLOYEE NAME	T. Davis
LOCATION	L. Spigot NJ	COMPANY	CH2M
TICKET AMOUNT		WELL TYPE	01
WELL LOCATION	Land N.W. Wilmore	DEPARTMENT	ZI
LEASE / WELL #	Pyle 5-13	SEC / TWP / RNG	13-31-18

ORIGINAL

HES EMP NAME/EMP#/(EXPOSURE HOURS) HRS	HES EMP NAME/EMP#/(EXPOSURE HOURS) HRS	HES EMP NAME/EMP#/(EXPOSURE HOURS) HRS	HES EMP NAME/EMP#/(EXPOSURE HOURS) HRS
T. Davis 106304			
M. Miller 126452			
L. Ferguson 106154			

HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES
10219237	110						
54029-6610	110						

Form Name _____ Type: _____
 Form Thickness _____ From _____ To _____
 Packer Type _____ Set At: _____
 Bottom Hole Temp. _____ Pressure _____
 Misc. Data _____ Total Depth _____

DATE	CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
1-6-01	0630	1-6-01	1-6-01	1-6-01
TIME		1100	1615	1700

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY	MAKE
Float Collar 2 1/2" x 8 1/2"	1	H
Float Shoe 2 1/2"	1	
Guide Shoe 1 1/2"	1	O
Centralizers 54	54	
Bottom Plug		W
Top Plug 5/8"	1	
Head P.C.	1	C
Packer		
Other Clamp	1	

WELL DATA

	NEW/USED	WEIGHT	SIZE	FROM	TO	MAX ALLOW
Casing	NU	24	8 5/8"	103	744	
Liner						
Liner						
Tbg/D.P.						
Tbg/D.P.						
Open Hole						SHOTS/FT.
Perforations						
Perforations						
Perforations						

MATERIALS

Treat Fluid	Density	Lb/Gal
Disp. Fluid	Density	Lb/Gal
Prop. Type	Size	Lb.
Prop. Type	Size	Lb.
Acid Type	Gal.	%
Acid Type	Gal.	%
Surfactant	Gal.	In
NE Agent	Gal.	In
Fluid Loss	Gal/Lb	In
Gelling Agent	Gal/Lb	In
Fric. Red.	Gal/Lb	In
Breaker	Gal/Lb	In
Blocking Agent	Gal/Lb	
Perpac Balls	Qty.	
Other		
Other		
Other		
Other		

HOURS ON LOCATION		OPERATING HOURS		DESCRIPTION OF JOB
DATE	HOURS	DATE	HOURS	
				CMF 8 5/8" 5 1/2"
TOTAL		TOTAL		

HYDRAULIC HORSEPOWER

ORDERED	Avail.	Used
TREATED	AVERAGE RATES IN BPM	
FEET	Disp.	Overall
44		
	CEMENT LEFT IN PIPE	
	Reason	S.J

CEMENT DATA

STAGE	SACKS	CEMENT	BULK/SKS	ADDITIVES	YIELD	LBS/GAL
1	150	PTMC	B.	2.6 cc 1/4" Fracpac	2.93	11.4
1	150	PT	B.	2.6 cc	1.32	14.8

Circulating _____	Displacement _____	Preflush: Gal - BBI _____	Type _____
Breakdown _____	Maximum _____	Load & Bkdn: Gal - BBI _____	Pad: BBI - Gal _____
Average _____	Frac Gradient _____	Treatment Gal - BBI _____	Disp: BBI - Gal 44.5
Shut In: Instant _____	5 Min _____ 15 Min _____	Cement Slurr Gal - BBI _____	35 f.c.
		Total Volume Gal - BBI _____	

Frac Ring #1	Frac Ring #2	Frac Ring #3	Frac Ring #4
THE INFORMATION STATED HEREIN IS CORRECT		CUSTOMER'S REPRESENTATIVE SIGNATURE D. Herkel	