

plugged 10/28/97

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

API NO. 15- 033-20944 0000

County Comanche County, Kansas

SW NE SW Sec. 33 Twp. 32S Rge. 18 E

1620 Feet from W (circle one) Line of Section

1550 Feet from E (circle one) Line of Section

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

Lease Name Bremer "A" Well # 33-1

Field Name Wildcat

Producing Formation _____

Elevation: Ground 2088' KB 2099'

Total Depth 5938' PBTD 6250'

Amount of Surface Pipe Set and Cemented at 646' 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 cut.

Operator: License # 3869

Name: Imperial Oil Properties, Inc.

Address 212 N. Market - Suite 513

City/State/Zip Wichita, Kansas 67202-2018

Purchaser: _____

Operator Contact Person: Bob Williams

Phone (316) 265-6977

Contractor: Name: Duke Drilling Co., Inc.

License: 5929

Wellsite Geologist: Jon Williams Jr.

Designate Type of Completion

New Well Re-Entry Workover

Oil SWD SIOV Temp. Abd.

Gas ENHR SIGW

Dry Other (Core, WSM, _____)

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

Operator _____

Well Name: NOV 1-8

Comp. Date _____ Old Total Depth WICHITA, KS

Deepening Re-perf. Conv. to Inj/SWD

Plug Back PBTD

Casing/Log Docket No. _____

Dual Completion Docket No. _____

Other (SWD or Inj?) Docket No. _____

10-16-97

10-27-97

10-28-97

Spud Date

Date Reached TD

Completion Date

Refrilling Fluid Management Plan D&A JZ 2-19-98
(Data must be collected from the Reservoir Pit)

Chloride content 8,000 ppm Fluid volume 400 bbls

De-watering method used Hauled

Location of fluid disposal if hauled offsite: _____

Operator Name OIL PRODUCERS, INC OF KANSAS

Lease Name WATSON #2 swd License No. 8061

SW/4 Quarter Sec. 8 Twp. 29 S Rng. 15 E

County PRATT Docket No. D-24324

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 Jon Williams Jr.

Title GEOLOGIST-AGENT Date 11/17/97

Subscribed and sworn to before me this 17 day of NOVEMBER 19 97.

Notary Public Patricia S. Armstrong

Date Commission Expires _____

PATRICIA S. ARMSTRONG
NOTARY PUBLIC
STATE OF KANSAS
MY APPT. EXPIRES 1-9-2000

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 checked="" type="checkbox"/>	Geologist Report Received
Distribution		
<input checked="" type="checkbox"/>	KCC	<input type="checkbox"/> SWD/Rep
<input type="checkbox"/>	KGS	<input type="checkbox"/> Plug
		<input type="checkbox"/> NSPA
		<input type="checkbox"/> Other
		(Specify)

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SIDE TWO

Operator Name Imperial Oil Properties, Inc. Lease Name Bremer "A" Well # 33-1

Sec. 33 Twp. 32S Rge. 18 East West County Comanche County, Kansas

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Mass	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	HEEBNER	4356	-2257
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	BROWN LIME	4540	-2441
List All E.Logs Run:		LANSING	4556	-2457
DUAL COMP. POROSITY		BASEIN K.C.	4981	-2882
DUAL INDUCTION		MARMATON	5041	-2942
COMP. SONIC		CHEROKEE SH.	5182	-2983
		MISSISSIPPI	5242	-3143
		VIOLA	5824	-3725

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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
Conductor		20"		60'			
Surface	12-1/4"	8-5/8"	23#	646'	Midcon-II Standard	130 100	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	Acid, Fracture, Shot, Cement Squeeze Record
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used) Depth

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No

Date of First, Resumed Production, SWD or Inj. D&A Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil <u>N/A</u> Bbls.	Gas <u>N/A</u> Mcf	Water <u>N/A</u> Bbls.	Gas-Oil Ratio	Gravity

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: _____

15-033-20944-00-00



HALLIBURTON

HALLIBURTON ENERGY SERVICES

1906-Q

CHARGE TO:

Superior Oil Properties Inc

ADDRESS

CITY, STATE, ZIP CODE

CUSTOMER COPY

TICKET

No.

308037 - 4

PAGE 1 OF 2

1. SERVICE LOCATIONS HALL 225555	WELL/PROJECT NO. 33-1	LEASE BREWER "A"	COUNTY/PARISH COMANCHE	STATE KS	CITY/OFFSHORE LOCATION	DATE 10-17-97	OWNER SPRINT
2. TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	NITROGEN JOB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONTRACTOR DUNE DRILL.	RIG NAME/NO. #5	SHIPPED VIA C.T.	DELIVERED TO WELL SITE	ORDER NO.	
3. WELL TYPE	WELL CATEGORY 01	JOB PURPOSE 010	WELL PERMIT NO.	WELL LOCATION LAND 33-325-18W			
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

JOB PURPOSE	PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
			LOC	ACCT	DF							
	000-117		1			MILEAGE	1	UNIT	R.T.		3.20	320.00
	000-119					CREW MILEAGE	1	UNIT	R.T.		1.95	234.00
	001-016					PUMP CHARGE	6	HR	649 FT.		1025.00	1025.00
	030-016					TOP PLUG SW PLUM.	1	HR	8 3/4 in		132.00	132.00
	12H	825.217				GUIDE SHOE	1	HR			216.00	216.00
	24H	815.19502				INSERT FRONT UNLUG	1	HR			188.00	188.00
	27	815.19415				FILL-UP UNIT	1	HR			70.00	70.00
	40	806.60054				CENTRALIZER	2	HR			90.00	180.00

ORIGINAL

CONFIDENTIAL

RELEASED

JAN 29 1998

FROM CONFIDENTIAL

RECEIVED

REGISTRATION COMMISSION

NOV 18 1997

CONSERVATION DIVISION

MICHIGAN, KS

NOV 18

CONFIDENTIAL

442883

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.

DATE SIGNED: 10-17-97
 TIME SIGNED: 2:30
 A.M. P.M.

TYPE LOCK	SUB SURFACE SAFETY VALVE WAS:		PAGE TOTAL
BEAN SIZE	<input type="checkbox"/> PULLED & RETURN	<input type="checkbox"/> PULLED <input type="checkbox"/> RUN	685783
DEPTH	TYPE OF EQUALIZING SUB.	CASING PRESSURE	FROM CONTINUATION PAGE(S)
SPACERS	TUBING SIZE	TUBING PRESSURE	
	TREE CONNECTION	WELL DEPTH	
	TYPE VALVE		
			SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE

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

CUSTOMER OR CUSTOMER'S AGENT (PLEASE PRINT) JOHN T WILLIAMS	CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE) [Signature]	HALLIBURTON OPERATOR/ENGINEER KEVIN R. GORDON 08500	EMP #	HALLIBURTON APPROVAL [Signature]
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