

00-02 ORIGINAL

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

Operator: License # 3882
Name: SAMUEL GARY JR. & ASSOCIATES, INC.
Address 1670 BROADWAY
SUITE 3300
City/State/Zip DENVER, CO 80202-4838
Purchaser: P G & E
Operator Contact Person: TOM FERTAL
Phone (303) 831-4673
Contractor: Name: Clarke Corporation
License: 5105
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.)

If Workover/Re-Entry: Old well info as follows:
Operator: Samuel Gary Jr. & Associates, Inc.
Well Name: Herd 34-14
Comp. Date 11/22/97 Old Total Depth 6142
Deepening Re-Perf. Conv. To Inj/SWD
 Plug Back 5200 PBTB
Commingled Docket No. _____
Dual Completion Docket No. _____
Other (SWD or Inj?) Docket No. _____
9-21-98 10/20/98
~~Start~~ Date of START Date Reached TD Completion Date of
OF WORKOVER OF WORKOVER

API No. 15- 033-20921-0001
County Comanche
- SW - SE - SW Sec. 34 Twp. 32S Rge. 19 X W
350 Feet from South Line of Section
1650 Feet from West Line of Section
Footages calculated from nearest outside section corner: SW
Lease Name Herd Well # 34-14
Field Name Colter West
Producing Formation Cherokee
Elevation: Ground 1926 KB 1939
Total Depth 6142 PBTB 5200
Amount of Surface Pipe Set and Cemented at 656 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 REWORK JK 1-19-99
(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 RELEASED
Lease Name MAR 28 2001
Quarter Sec. Twp. Rng. W
County Comanche Docket No. FROM CONFIDENTIAL

INSTRUCTIONS: An original and two copies of this information shall be filed with the Kansas Corporation Commission, 130 South Market, Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-196 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 geological well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 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 an the statements herein are complete and correct to the best of my knowledge.

Signature Thomas H Fertal
Title Senior Geologist Date Jan 5, 1999
Subscribed and sworn to before me this 5th day of January, 1999
Notary Public Uehmi O'Shea
Date Commission Expires 8-24-2002

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)

15-033-20921-00-02

Operator Name Samuel Gary Jr. & Associates, Inc. Lease Name Herd Well # 34-14

Sec. 34 Twp. 32 S Rge. 19 East West County Comanche

Instructions: Show important tops and base of formation 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Sample Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run (Submit Copy.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum Name Top <input type="checkbox"/> Sample Datum Log tops reported with original ACO-1 filed 4/18/97 <div style="text-align: center;"> RECEIVED STATE CORPORATION COMMISSION CONSERVATION DIVISION WICHITA, KANSAS JAN 14 1997 1-14-97 </div>
List all E. Logs Run: All logs filed with original ACO-1 April 18, 1997 Photo Density-Neutron Log attached to show new perms	

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	17-3/4"	13"		40'	Grout		
Surface	12-1/4"	8-5/8"	24#	656'	A 65/35 poz	225	2% gel, 3% CACL
Production	7-7/8"	5-1/2"	15.5#	6098'	50/50 poz	20	2% gel, 10% salt

ADDITIONAL CEMENTING/SQUEEZE RECORD					
Purpose:	Depth		Type of Cement	# Sacks Used	Percent Additives
	Top	Bottom			
<input type="checkbox"/> Perforate					
<input type="checkbox"/> Protect Casing					
<input type="checkbox"/> Plug Back TD					
<input checked="" type="checkbox"/> Plug Off Zone					

PERFORATION RECORD – Bridge Plugs Set/Type		Acid. Fracture, Shot, Cement, Squeeze Record	
Shots per Foot	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)	Depth
4	CIBP's set @ 6000' & 5530' with no sx cmt on top; 5224-26, 5235-38, 5263-67, 5284-88	2500 gals 15% NEFe	
4	squeeze holes @ 5354-55; cement retainer @ 5346'	50 sx Class A cement	5224-5355
4	squeeze holes @ 5085-86; cement retainer @ 5200'	100 sx Class A cement	5085-5224
4	5098-5101, 5107-13	1000 gals 7-1/2 % DSFe	

TUBING RECORD		Size	Set At	Packer At	Liner Run			
		2-3/8"	5070'	5070'	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Date of First, Resumed Production, SWD or Inj.			Producing Method					
10/20/98			<input checked="" type="checkbox"/> Flowing <input 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
	trace		150					

Disposition of Gas <input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, submit ACO-18).	METHOD OF COMPLETION <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	Production Interval _____ 5098-5113
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