

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

Operator: License # 6120
Name: CABOT OIL & GAS CORPORATION
Address 9400 N. BROADWAY, SUITE 608
City/State/Zip OKLAHOMA CITY, OK 73114
Purchaser: CABOT OIL & GAS MARKETING CORPORATION
Operator Contact Person: JIM R. PENDERGRASS
Phone (405) 478-6500
Contractor: Name: H-40 DRILLING, INC.
License: 30629
Wellsite Geologist: _____
Designate Type of Completion
 New Well Re-Entry Workover

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

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

Operator: CABOT OIL & GAS CORPORATION
Well Name: MASSONI 3-5
Comp. Date 12/15/93 Old Total Depth 6385'
 Deepening Re-perf. Conv. to Inj/SWD
 Plug Back 3244' PBTD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____
12/13/94 12/16/94 12/19/94
Date of REENTRY Date Reached TD Completion Date

API NO. 15- 175-213420001
County SEWARD
E2 NW SW Sec. 5 Twp. 33S Rge. 31 E W
1980 Feet from SW (circle one) Line of Section
990 Feet from L (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)
Lease Name MASSONI Well # 3-5
Field Name MASSONI
Producing Formation COUNCIL GROVE
Elevation: Ground 2766' KB _____
Total Depth 3260' PBTD _____
Amount of Surface Pipe Set and Cemented at 1512' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set 3458' Feet
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cnt.

Drilling Fluid Management Plan REENTRY JAL 2-15-96
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used STATE CORPORATION COMMISSION
Location of fluid disposal if hauled off JAN 30 1995
Operator Name _____
Lease Name _____
License No. _____
Quarter Sec. Twp. S Rng. E/W
County _____ Docket No. _____

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: James R. Henry JAMES R. HENRY
ENGINEER Date 1/25/95
Subscribed and sworn to before me this 25TH day of JANUARY
Ann B. Turner
Notary Public
Commission Expires SEPT. 2, 1996

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
 KCC SWD/Rep NSPA
 KGS Plug Other
(Specify)

Operator Name CABOT OIL & GAS CORPORATION Lease Name MASSONI Well # 3-5
 Sec. 5 Twp. 33S Rge. 31 East County SEWARD
 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 type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Herrington	2605'	
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Krider	2633'	
List All E.Logs Run:		Winfield	2681'	
		Ft. Riley	2812'	
		Council Grove	2919'	
		Waubensee	3387'	
		Base Heebner	4245'	
		Toronto	4253'	
		Lansing	4387'	
		Checkerboard	4741'	
		Marmaton	5015'	
		Cherokee	5180'	
		Morrow	5517'	
		Chester Lime	5607'	
		St. Genevieve	5763'	
		St. Louis	5937'	

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

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 checked="" type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	3244'-3260'	Class A	2	None

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
	6 1/2 BP @ 4560' cemented w/2 sxs cement		
2 SPF	4256'-4258' TORONTO	Acidize Toronto w/500 gals 15% MSR100	4256'-4258'
	CIBP @ 3260' cemented w/2 sxs cement		
2 SPF	3172'-3176'; 3072'-3076' COUNCIL GROVE	Acidize Council Grove w/800 gals 15% MSR100	3072'-3176'

TUBING RECORD	Size 2-3/8"	Set At 3034.59'	Packer At	Liner Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj. Resumed Production 12/21/94	Producing Method <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 100	Water Bbls.	Gas-Oil Ratio

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 Council Grove 3072'-3176'
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