

175-20786

~~CONFIDENTIAL~~

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

ORIGINAL

API NO. 15- _____
County Seward
C SW/4 SW/4 Sec. 15 Twp. 33S Rge. 32 X E/W

Operator: License # 5263
Name: Midwestern Exploration Co.
Address P. O. Box 1884
City/State/Zip Liberal, KS 67905-1884

660 Feet from S (circle one) Line of Section
4620 Feet from E (circle one) Line of Section

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

Purchaser: Enron
Operator Contact Person: Dale J. Lollar
Phone (316) 624-3534

Lease Name Chambers Well # 1-15
Field Name _____

Contractor: Name: KCC
License: _____
Wellsite Geologist: _____

Producing Formation Chase
Elevation: Ground 2741 KB 2753
Total Depth 6191 PBD 6121

Designate Type of Completion
 New Well Re-Entry Workover

Amount of Surface Pipe Set and Cemented at 1554 Feet
Multiple Stage Cementing Collar Used? Yes No

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

If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cat.

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

Drilling Fluid Management Plan ACT 12-21-94
(Data must be collected from the Reserve Pit)

Operator: Midwestern Exploration Co.
Well Name: Chambers #1-15
Comp. Date 04-21-85 Old Total Depth 6191

Chloride content _____ ppm Fluid volume _____ bbls

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

Dewatering method used _____

Location of fluid disposal if hauled offsite: _____

02-14-85 03-03-85 11-15-93
Spud Date Date Reached TD Completion Date

Operator Name _____
Lease Name NEB 1-4-1995 License No. _____
Quarter Sec. Twp. S Rng. E/W
County _____ Docket No. _____

RELEASED

FROM CONFIDENTIAL

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 Dale J. Lollar
Title Dale J. Lollar, Vice-President Date 12-10-93

Subscribed and sworn to before me this 10 day of December, 1993.

Notary Public Virginia Means
Date Commission Expires _____

NOTARY PUBLIC, State of Kansas
VIRGINIA MEANS
My Appt. Exp. 2/25/95

K.C.C. OFFICE USE ONLY RECEIVED
F Letter of Confidentiality Received
C Wireline Log Received
C Geologist Report Received
Distribution
 KCC SWD/Rep
 KGS Plug
STATE CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
Wichita, Kansas
(Specify)
DEC 13 1993

SIDE TWO

Operator Name Midwestern Exploration Co. Lease Name Chambers Well # 1-15
 Sec. 15 Twp. 33S Rge. 32 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 Yes No (Attach Additional Sheets.)
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run Yes No (Submit Copy.)
 List All E.Logs Run:

Log Formation (Top), Depth and Datum Sample
 Name Top Datum

OK
 6-1-93
 ATTACHED

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 checked="" type="checkbox"/> Perforate	2720	Class "C"	220	6% gel, 2% CaCl
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone	2654-2508	Class "H"	100	2% CaCl
		Class "H"	50	

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
	Bridge Plug @ 2812'			
2	2620-2630		1000 gal 15% acid	2620
2	2582-2596		1400 gal 15% acid	2582
2	2548-2558		1000 gal 15% acid	2548

TUBING RECORD Size 2-1/16" Set At 2536 Packer At 5726 Liner Run Yes No

Date of First, Resumed Production, SWD or Inj. 11-15-93 Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours Oil 0 Bbls. Gas 394 Mcf Water 4 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 _____