

15-175-30102-0001

ORIGINAL

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

API NO. 15- \_\_\_\_\_  
County Seward  
SE - NE - Sec. 17 Twp. 33S Rge. 33 XX<sup>E</sup>

Operator: License # 6120

1390 Feet from N (circle one) Line of Section

Name: Cabot Oil & Gas Corporation

1250' Feet from EW (circle one) Line of Section

Address 9400 N. Broadway - Suite 608

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

City/State/Zip Oklahoma City, OK 73114

Lease Name Elizabeth Brill Well # 1

Purchaser: Cabot Oil & Gas Marketing Corporation

Field Name Marsh

Operator Contact Person: Jim R. Pendergrass

Producing Formation Chase

Phone (405) 478-6500

Elevation: Ground 2847' KB 2859'

Contractor: Name: \_\_\_\_\_

Total Depth 6400' PBDT 2838'

License: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at 1636' Feet

Wellsite Geologist: Earth Tech

Multiple Stage Cementing Collar Used? \_\_\_\_\_ Yes XX No

Designate Type of Completion  
\_\_\_\_ New Well \_\_\_\_ Re-Entry XX Workover

If yes, show depth set \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from \_\_\_\_\_

\_\_\_\_ Oil \_\_\_\_ SWD \_\_\_\_ SIOW XX Temp. Abd.  
\_\_\_\_ Gas \_\_\_\_ ENHR \_\_\_\_ SIGW  
\_\_\_\_ Dry \_\_\_\_ Other (Core, WSW, Expl., Cathodic, etc)

feet depth to \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.

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

Drilling Fluid Management Plan REWORK JH 12-16-93  
(Data must be collected from the Reserve Pit)

Operator: Same

Chloride content \_\_\_\_\_ ppm Fluid volume \_\_\_\_\_ bbls

Well Name: Same

Dewatering method used \_\_\_\_\_

Comp. Date 9/22/66 Old Total Depth 6400' <sup>Kbc</sup>

Location of fluid disposal if hauled offsite: \_\_\_\_\_

XX Deepening X Re-perf. \_\_\_\_\_ Conv. to Inj/SWD  
\_\_\_\_ Plug Back 2838' PBDT  
\_\_\_\_ Commingled Docket No. \_\_\_\_\_  
\_\_\_\_ Dual Completion Docket No. \_\_\_\_\_  
\_\_\_\_ Other (SWD or Inj?) Docket No. \_\_\_\_\_

Operator Name \_\_\_\_\_

Lease Name \_\_\_\_\_ License No. \_\_\_\_\_

7-12-90 N/A 9-23-90

\_\_\_\_ Quarter Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S Rng. \_\_\_\_\_ E/W

Spud Date \_\_\_\_\_ Date Reached TD \_\_\_\_\_ Completion Date \_\_\_\_\_

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 Roberta E. Mitchell

Title Regulatory Coordinator Date April 12, 1992

Subscribed and sworn to before me this 12 day of April, 1992.

Notary Public Connie B. Suener

Date Commission Expires September 2, 1992

K.C.C. OFFICE USE ONLY	
F	Letter of Confidentiality Attached
C	<input checked="" type="checkbox"/> Wireline Log Received
C	Geologist Report Received
Distribution	
<input checked="" type="checkbox"/> KCC	SWD Rep
<input checked="" type="checkbox"/> KGS	Plug
	NGPA
	Other (Specify)

STATE CORPORATION COMMISSION  
WICHITA, KANSAS  
APR 15 1992

Operator Name Cabot Oil & Gas Corporation Lease Name Elizabeth Brill Well # 1

Sec. 17 Twp. 33S Rge. 33  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 Datums  Sample

Name Top Datum

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
Surface	12 1/4"	8 5/8"	24#	1636'		875	
Production	7 7/8"	4 1/2"	9.5#	5758'		225	

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input checked="" type="checkbox"/> Plug Back TD	2850-51	Class "C"	150	.8% D60+2%CaCl

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	
		1 SPF	2717-27; 2733-41
1 SPF	2645-48; 2662, 2666, 2669-73, 2678-86	100 gals 15% NEFE	
1 SPF	2622-32	5000 gals 28% NEFE HCL+80	ball sealers
1 SPF	2595-2601, 2603-2605		

<b>TUBING RECORD</b>	Size <u>1 1/2</u>	Set At <u>2795</u>	Packer At	Liner Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
----------------------	-------------------	--------------------	-----------	---

Date of First, Resumed Production, SWD or Inj. Dry Hole - TA Producing Method  Flowing  Pumping  Gas Lift  Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water 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 \_\_\_\_\_