

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- 189-202010002

County Stevens
- - SW - SE Sec. 25 Twp. 34S Rge. 36 X E
664 Feet from S/N (circle one) Line of Section
1985 Feet from E/W (circle one) Line of Section

Operator: License # 5208

Name: Mobil Oil Corporation

Address P.O. Box 2173
2319 North Kansas Avenue

City/State/Zip Liberal, KS 67905-2173

Purchaser: Spot Market

Operator Contact Person: Sharon Cook

Phone (316) 626-1142

Contractor: Name: Best Well Service

License: _____

Wellsite Geologist: L. J. Reimer

Designate Type of Completion
 New Well Re-Entry X Workover

 Oil SWD S10W Temp. Abd.
X Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover:

Operator: Slawson Exploration Company, Inc.

Well Name: Stalcup #2-5

Comp. Date 8-6-90 Old Total Depth 6560
X Rename
 Deepening X Re-perf. Conv. to Inj/SWD
X Plug Back 3400 PBTB
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

1-5-96 2-1-96
Spud Date Date Reached TD Completion Date
Commenced Recompletion

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

Lease Name Haworth #2 Unit Well # 5

Field Name Hugoton

Producing Formation Chase

Elevation: Ground 3026 KB 3036

Total Depth 6560 PBTB 3400

Amount of Surface Pipe Set and Cemented at 1731 Feet

Multiple Stage Cementing Collar Used? Yes X No

If yes, show depth set NA Feet

If Alternate II completion, cement circulated from NA

feet depth to NA w/ NA sx cmt.

Drilling Fluid Management Plan ALL F 6-3-96
(Data must be collected from the Reserve Pit) RU
OWWO

Chloride content NA ppm Fluid volume NA bbls

Dewatering method used _____

Location of fluid disposal if hauled offsite:

RECEIVED
KANSAS CORPORATION COMMISSION

Operator Name NA

Lease Name APR 04 1996 License No. _____

Quarter Sec. Twp. S Rng. E/W

County CONSERVATION DIVISION
WICHITA, KS Docket No. _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 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 Sharon A. Cook Sharon A. Cook

Title Regulatory Asst. Date 4-3-96

Subscribed and sworn to before me this 3rd day of April,
19 96.

Notary Public Kathleen R. Poulton

Date Commission Expires August 18, 1998
6-99.kcc

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)

NOTARY PUBLIC - State of Kansas
KATHLEEN R. POULTON
My Appt. Exp. 08-18-98

SIDE TWO

Operator Name Mobil Oil Corporation Lease Name Haworth #2 Unit Well # 5
 Sec. 25 Twp. 34S Rge. 36 East West
 County Stevens

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 type="checkbox"/> No	<input type="checkbox"/> Log Formation (Top), Depth and Datums	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No	NO CHANGE	
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
List All E.Logs Run:	NO CHANGE		

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
NO CHANGE							

ADDITIONAL CEMENTING/SQUEEZE RECORD					
Purpose: <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input checked="" type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	Depth		Type of Cement	#Sacks Used	Type and Percent Additives
	Top	Bottom			
	6200		Class C	2 sx	
	3400		Class C	2 sx	

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)	
	Footage	Type	Material	Depth
1 SPF	2688-98		Acid: 1,500 gals 7.5% HCL	
	2725-45		Fract: 900 bbls 20# Crosslink gel	
	2780-90		131,786 lbs 12/20 Brady Sand	
	2835-50	CIBP @ 6200 & CIBP @ 3400		

TUBING RECORD		Size	Set At Removed tubing	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj. 1-27-96			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 185 Mcf	Water Bbls.	Gas-Oil Ratio	Gravity	

Disposition of Gas: Vented Sold Used on Lease

METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled

Production Interval: _____ 2688 _____
 _____ 2850 _____

(If vented, submit ACO-18.) Other (Specify) _____