

ORIGINAL

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

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: Murfin Drilling Co., Inc.

License: 30606

Wellsite Geologist: L. J. Reimer

Designate Type of Completion

New Well Re-Entry Workover

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

If Workover:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

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

10-11-95 10-14-95 11-7-95
Spud Date Date Reached TD Completion Date

API No. 15- 189-219920000

County Stevens

- C - SW - SW Sec. 32 Twp. 34S Rge. 36 X E W

660 Feet from S/N (circle one) Line of Section

660 Feet from E/W (circle one) Line of Section

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

Lease Name Parker Est. #2 Unit Well # 6

Field Name Hugoton

Producing Formation Chase

Elevation: Ground 3081 KB 3090

Total Depth 3014 PBDT 2982

Amount of Surface Pipe Set and Cemented at 749 Feet

Multiple Stage Cementing Collar Used? Yes 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 alt I 4-17-96
(Data must be collected from the Reserve Pit) LD

Chloride content 6,000 ppm Fluid volume 370 bbls

Dewatering method used Waste Minimization Mud System

Location of fluid disposal if hauled offsite:

Operator Name Mobil Oil Corporation

Lease Name C. W. Creamer #1 SWDW License No. 5208

NE Quarter Sec. 23 Twp. 34 S Rng. 37 E/W

County Stevens Docket No. D-19,411

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 Assistant Date 1-8-96

Subscribed and sworn to before me this 8th day of January, 19 96.

Notary Public Kathleen R. Poulton

Date Commission Expires August 18, 1998
6-19.kcc

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution KCC ST SWD/Rep KGS Plug
RECEIVED
CORPORATION
(Specify)
01-09-96
JAN 11 1996

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

SIDE TWO

Operator Name Mobil Oil Corporation Lease Name Parker Estate #2 Unit Well # 6
 Sec. 32 Twp. 34S Rge. 36 East County Stevens
 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:
 NO 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 Casing	12.250	8.625	24#	749	Class C Class C	240 150	50:50 C/poz 50:50 C/poz
Production Casing	7.875	5.500	14#	3007	Class C Class C	300 150	3% D79 2% B28

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 type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

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	2713-28	Acid: 1,000 gals 7.5% HCL	
	2765-75	Fracd: 719 bbls 20# Crosslink gel	
	2825-40	135,260 lbs 12/20 Brady Sand	

TUBING RECORD Size Set At Packer At Liner Run Yes No

Date of First, Resumed Production, SWD or Inj. 11-1-95 Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
		315			

Disposition of Gas: METHOD OF COMPLETION Production Interval
 Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled 2713
 (If vented, submit ACO-18.) Other (Specify) _____ 2840

CEMENTING SERVICE REPORT

Schlumberger

TREATMENT NUMBER: 03-12-7674
 DATE: 10-14-95
 STAGE: DS DISTRICT: DIVISIONS KS 03-12

DS-496-A PRINTED IN U.S.A.

Dowell
 DOWELL SCHLUMBERGER INCORPORATED

WELL NAME AND NO. PARKER EST #2-6		LOCATION (LEGAL) SEC 32-34S-36W		RIG NAME: MURFIN #24	
FIELD-POOL HUGOTON		FORMATION CHASE		WELL DATA:	
COUNTY/PARISH STEVENS		STATE KS		API. NO.	
NAME MOBIL OIL CORP.		MUD DENSITY 9.0		DISP. CAPACITY 72.9	
AND		MUD VISC. 35		TOTAL	
ADDRESS		MUD TYPE		GRADE	
ZIP CODE		MUD TYPE		GRADE	

ORIGINAL

SPECIAL INSTRUCTIONS
 SAFELY CEMENT 5 1/2" PRODUCTION
 CASING WITH 300 SKS OF LEAD AND 150 SKS
 OF TAIL CEMENT AS DIRECTED BY THE
 CUSTOMER

IS CASING/TUBING SECURED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		CASING WEIGHT ÷ SURFACE AREA (3.14 x R ²)		SQUEEZE JOB	
LIFT PRESSURE 1531 PSI		CUMULATIVE WEIGHT 1150 PSI		TOOL TYPE	
PRESSURE LIMIT 500 OVER PSI		BUMP PLUG TO 1150 PSI		DEPTH	
ROTATE RPM		RECIPROCATATE FT		TAIL PIPE: SIZE DEPTH	
NO. OF CENTRALIZERS		NO. OF CENTRALIZERS		TUBING VOLUME Bbbs	
				CASING VOL. BELOW TOOL Bbbs	
				TOTAL Bbbs	
				ANNUAL VOLUME Bbbs	

TIME	PRESSURE		VOLUME PUMPED BBL		JOB SCHEDULED FOR			ARRIVE ON LOCATION		LEFT LOCATION	
	TBG OR D.P.	CASING	INCREMENT	CUM	TIME	DATE	TIME	DATE	TIME	DATE	
0001 to 2400											
0400											PRE-JOB SAFETY MEETING
0420	25	00	-	-	-	H ₂ O	8.33				PRESSURE TEST LINES
0421	-	0	25	-	5.8	H ₂ O	8.33				START H ₂ O SPACER
0426	-	240	137	25	5.9	CMT	11.5				START LEAD SLURRY
0449	-	120	33	162	5.8	CMT	14.8				START TAIL SLURRY
0456	-	-	-	200	-	-	-				SHUT DOWN / WASH LINES / DROP TOP PLUG
0500	-	0	72	-	5.3	H ₂ O	8.33				START DISPLACEMENT
0515	-	780	-	65	3.3	H ₂ O	8.33				PSI CHECK
0517	-	830	-	70	1.9	H ₂ O	8.33				PSI CHECK
0519	-	1150	-	72	-	-	-				STOP PUMP / PLUG DOWN
0519	-	0	-	-	-	-	-				BRID LINES / CHECK FLOAT
0521	-	-	-	-	-	-	-				HOLDING / END JOB

REMARKS

SYSTEM CODE	NO. OF SACKS	YIELD CU. FT/SK	COMPOSITION OF CEMENTING SYSTEMS				SLURRY MIXED	
							BBLs	DENSITY
1.	300	2.75	C + 3% D79 + 0.2% D46 + 1/4 #1/SK D29				147	11.5
2.	150	1.37	C + 2% B28 + 2% S1 + 0.6% D60 + 0.2% D46				36.5	14.8
3.								
4.								
5.								
6.								

BREAKDOWN FLUID TYPE		VOLUME		DENSITY		PRESSURE		MAX.		MIN:	
<input type="checkbox"/> HESITATION SQ.		<input type="checkbox"/> RUNNING SQ.		CIRCULATION LOST		<input type="checkbox"/> YES <input type="checkbox"/> NO		Cement Circulated To Surf.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
BREAKDOWN PSI		FINAL PSI		DISPLACEMENT VOL.		72.2 Bbbs		TYPE OF WELL		<input type="checkbox"/> OIL <input type="checkbox"/> STORAGE <input type="checkbox"/> BRINE WATER	
Washed Thru Perfs <input type="checkbox"/> YES <input type="checkbox"/> NO		TO		FT.		MEASURED DISPLACEMENT <input checked="" type="checkbox"/>		<input type="checkbox"/> WIRELINE		<input type="checkbox"/> GAS <input type="checkbox"/> INJECTION <input type="checkbox"/> WILDCAT	
PERFORATIONS		TO		TO		CUSTOMER REPRESENTATIVE		DS		SUPERVISOR	
						Dennis Russell				Russ Wagstaff	

CEMENTING SERVICE REPORT

Schlumberger

Dowell

DOWELL SCHLUMBERGER INCORPORATED

TREATMENT NUMBER	DATE	
2604	10-11-95	
STAGE	DS	DISTRICT
1	03	12

DS-496-A PRINTED IN U.S.A.

WELL NAME AND NO.	LOCATION (LEGAL)	
PARKER EST. 2-6	SEC. 32-345-36 W	
FIELD-POOL	FORMATION	
HUGOTON	SURF.	
COUNTY/PARISH	STATE	API. NO.
STEVENS	KS	

RIG NAME:	MUTIN 24		
WELL DATA:	BOTTOM	TOP	
BIT SIZE 12 1/2	CSG/Liner Size		
TOTAL DEPTH	WEIGHT	24	
<input type="checkbox"/> ROT <input type="checkbox"/> CABLE	FOOTAGE	240	
MUD TYPE	GRADE	US50	
<input type="checkbox"/> BHST <input type="checkbox"/> BHCT	THREAD	8RD	
MUD DENSITY	LESS FOOTAGE SHOE JOINT(S)	707	TOTAL
MUD VISC.	Disp. Capacity	45	

NAME mobil

AND _____

ADDRESS _____

ZIP CODE _____

ORIGINAL

SPECIAL INSTRUCTIONS

Subby cmf. 8 1/2 as per customer's orders

Float	TYPE	Bar. Plate	Stage Tool	TYPE	
	DEPTH	707		DEPTH	
SHOE	TYPE	Cont. nose	Stage Tool	TYPE	
	DEPTH	750		DEPTH	

NOTE: Include Footage From Ground Level To Head In Disp. Capacity

Head & Plugs	<input type="checkbox"/> TBG <input type="checkbox"/> D.P.	SQUEEZE JOB	
<input type="checkbox"/> Double	SIZE	TOOL	TYPE
<input type="checkbox"/> Single	<input type="checkbox"/> WEIGHT		DEPTH
<input type="checkbox"/> Swage	<input type="checkbox"/> GRADE	TAIL PIPE: SIZE	DEPTH
<input type="checkbox"/> Knockoff	<input type="checkbox"/> THREAD	TUBING VOLUME	Bbls
TOP <input type="checkbox"/> R <input type="checkbox"/> W	<input type="checkbox"/> NEW <input type="checkbox"/> USED	CASING VOL. BELOW TOOL	Bbls
BOT <input type="checkbox"/> R <input type="checkbox"/> W	DEPTH	TOTAL	Bbls
		ANNUAL VOLUME	Bbls

IS CASING/TUBING SECURED? YES NO

LIFT PRESSURE 310 PSI CASING WEIGHT + SURFACE AREA (3.14 x R²)

PRESSURE LIMIT 2000 PSI BUMP PLUG TO 710 PSI

ROTATE RPM _____ RECIPROCATE FT _____ No. of Centralizers _____

TIME	PRESSURE	VOLUME PUMPED BBL	JOB SCHEDULED FOR TIME: 20:30 DATE: 10-11	ARRIVE ON LOCATION TIME: 20:30 DATE: 10-11	LEFT LOCATION TIME: _____ DATE: _____
0001 to 2400	TBG OR D.P. CASING	INCREMENT CUM	INJECT RATE	FLUID TYPE	FLUID DENSITY

SERVICE LOG DETAIL								
TIME	TBG OR D.P.	CASING	INCREMENT	CUM	INJECT RATE	FLUID TYPE	FLUID DENSITY	REMARKS
22:14		1600		X		H2O	8.3	PSI TEST
22:15		130	25	X	5.8	"	"	START H2O
22:19		140	83	25	5.8	CM2	12.8	START LDCMT
22:34		130	33	108	5.8	CM2	14.6	START TLEMT
22:40				142				SHUT DOWN BUMP PLUG
22:41		110	45	X	5.6	H2O	8.3	START DISP.
22:45		230		24	5.8	"	"	CM2 TO SURF
22:47		320		35	5.8	"	"	PSI CHECK
22:47		200		76	2	"	"	LOWER RATE
22:52		710		45	2	"	"	BUMP PLUG
22:53		300		-	-	-	-	BLEED PIES CLOSE IN HEAD

REMARKS

SYSTEM CODE	NO. OF SACKS	YIELD CU. FT/SK	COMPOSITION OF CEMENTING SYSTEMS				SLURRY MIXED	
			BLS	DENSITY	BLS	DENSITY		
1.	210	1.89	50	2 + 6% D-20 + 3% S-1 + 5% D-44 (6400) + 1/2% D-29	83	12.9		
2.								
3.	100	1.22	50	2 + 2.5% S-1 + 1/2% D-29	33	14.6		
4.								
5.								
6.								

BREAKDOWN FLUID TYPE	VOLUME	DENSITY	PRESSURE	710 MAX. 110 MIN.
<input type="checkbox"/> HESITATION SQ.	<input type="checkbox"/> RUNNING SQ.	CIRCULATION LOST	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Cement Circulated To Surf. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 21 Bbls
BREAKDOWN	PSI FINAL	PSI	DISPLACEMENT VOL. 45	Bbls
Washed Thru Perfs <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO	FT.	MEASURED DISPLACEMENT <input checked="" type="checkbox"/>	<input type="checkbox"/> WIRELINE
PERFORATIONS	TO	TO	CUSTOMER REPRESENTATIVE	DS SUPERVISOR
			Dennis Russell	Ray Pearson