

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

CONFIDENTIAL

ORIGINAL

API NO. 15- 11920865000  
County Meade  
- NE - NE - SE Sec. 2 Twp. 34S Rge. 30 X v

Operator: License # 9534  
Name: Giant Exploration & Production Co.  
Address 2200 Bloomfield Highway  
P.O. Box 2810  
City/State/Zip Farmington, NM 87499-2810

Purchaser: Panhandle Eastern Pipeline Co.  
Operator Contact Person: Jeffrey R. Vaughan

Phone ( 505 ) 326-3325

Contractor: Name: Murfin Drilling Company, Inc.

License: 30606

Wellsite Geologist: David Clark

Designate Type of Completion

New Well  Re-Entry  Workover

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

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

Operator: Giant Exploration & Prod. Co.

Well Name: Novinger South #1

Comp. Date 06/14/93 Old Total Depth 6075'

Deepening  Re-perf.  Conv. to Inj/SWD  
 Plug Back 5200'  PBDT  
 Commingled  Docket No. \_\_\_\_\_  
 Dual Completion  Docket No. \_\_\_\_\_  
 Other (SWD or Inj?)  Docket No. \_\_\_\_\_  
4-22-94 5-5-94

DATE Date of START Date Reached TD Completion Date of  
OF WORKOVER WORKOVER

2310' Feet from (S)N (circle one) Line of Section  
330' 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 Novinger South Well # 1  
Field Name (Unnamed)  
Producing Formation Council Grove  
Elevation: Ground 2665' KB 2676'  
Total Depth 6075' PBDT 5200'  
Amount of Surface Pipe Set and Cemented at 1492' Feet  
Multiple Stage Cementing Collar Used? X Yes  No  
If yes, show depth set 2727' Feet  
If Alternate II completion, cement circulated from N/A  
feet depth to \_\_\_\_\_ w/ \_\_\_\_\_ sx cnt

Drilling Fluid Management Plan REWORK JH 10-11-94  
(Data must be collected from the Reserve Pit)

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

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

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

Operator Name RELEASED  
Lease Name JUN 2 8 1995 License No. KCC  
MAY 19  
Quarter Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S Rng. \_\_\_\_\_ E/W  
County FROM CONFIDENTIAL Docket No. 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 [Signature]  
Title Vice President Operations Date 05-19-94

Subscribed and sworn to before me this 19<sup>th</sup> day of May  
19 94.

Notary Public Paula M. Mui

Date Commission Expires 08-09-97

K.C.C. OFFICE USE ONLY MAY 23 1994  
F  Letter of Confidentiality Attached  
C  Wireline Log Received  
C  Geologist Report Received  
Distribution  
 KCC  SVD/Rep  NGPA  
 KGS  Plug  Other (Specify)  
p1

Operator Name Giant Exploration & Production Co. Lease Name Novinger South Well # 1

Sec. 2 Twp. 34S Rge. 30  East  West County Meade

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	Council Grove	3169'	-493
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
List All E.Logs Run:				

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
conductor	36"	20"	54	41'	Redi-Mix Lite	N/A N/A	N/A
surface	12"	8 5/8"	24	1492'	Premium Plus Lite	575 150	2% CaCl <sub>2</sub> 2% CaCl <sub>2</sub>
production	7 7/8"	5 1/2"	15.5	6047'	Premium Plus Lite	100 405	2% CaCl <sub>2</sub> 2% CaCl <sub>2</sub>

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input checked="" type="checkbox"/> Perforate				
<input checked="" type="checkbox"/> Protect Casing	3000'-3600'	Hal. Premium	80	0.25% CFR-3, 0.25% HALAD-344
<input type="checkbox"/> Plug Back TD		Hal. Premium	90	0.25% CFR-3
<input checked="" type="checkbox"/> Plug Off Zone		Hal. Premium	25	2% CaCl <sub>2</sub>

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
4 ispf.	3172'-3178'		250 gal. 15% HCl acid	3172'

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		2-3/8"	3174'	N/A		
Date of First, Resumed Production, SWD or Inj.			Producing Method			
05/13/94			<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	Water Bbls.	Gas-Oil Ratio	Gravity	
	N/A	525	3	N/A	N/A	

Disposition of Gas:	METHOD OF COMPLETION			Production Interval
<input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf.	<input type="checkbox"/> Dually Comp.	<input type="checkbox"/> Commingled	3172'-3178'
(If vented, submit ACO-18.)	<input type="checkbox"/> Other (Specify) _____			