

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

Operator: License # 6593

Name: Coastal Oil & Gas Corporation

Address 9 Greenway Plaza

Suite 2751

City/State/Zip Houston, TX 77046

Purchaser: COLORADO INTERSTATE GAS CORP.

Operator Contact Person: Deborah Moore

Phone (713) 877-7590

Contractor: Name: J.W. GIBSON WELL SERVICE

License: 5866

Wellsite Geologist: _____

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:

Operator: Coastal Oil & Gas Corporation

Well Name: Harrison #1-18

Comp. Date 3/23/96 Old Total Depth 5200'

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back 3250' PBTD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

2-27-96

03/04/96

Date of START Date Reached TD Completion Date of WORKOVER

API NO. 15- 129-21326-0001

County Morton

- C - SW - SE Sec. 18 Twp. 32S Rge. 42 E

660 Feet from N (circle one) Line of Section

1980 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 Harrison Well # 1-18

Field Name Greenwood

Producing Formation Shawnee & Wabaunsee

Elevation: Ground _____ KB _____

Total Depth 5200' PBDT 3240'

Amount of Surface Pipe Set and Cemented at 1465 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cnt.

Drilling Fluid Management Plan REWORK JK 12-17-96
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used KCC

Location of fluid disposal if hauled offsite MAY 17

RELEASED

Operator Name _____ CONFIDENTIAL

Lease Name SEP 16 1998 License No. _____

Quarter Sec. _____ Twp. _____ S Rng. _____ E/W

County FROM CONFIDENTIAL 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 Deborah Moore

Title Environmental & Safety Analyst Date 5/17/96

Subscribed and sworn to before me this 17 day of May, 1996.

Notary Public Tina Jordan

Date Commission Expires July 5, 1997



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
RECEIVED (Specify)
KANSAS CORPORATION COMMISSION

MAY 23 1996 ACO-1 (7-91)
5-23-96
CONSERVATION DIVISION
WICHITA, KS

Operator Name Coastal Oil & Gas Corporation Lease Name Harrison Well # 1-18

Sec. 18 Twp. 32S Rge. 42 East County Morton
 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.

<p>Drill Stem Tests Taken (Attach Additional Sheets.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Electric Log Run (Submit Copy.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>List All E.Logs Run:</p>	<p><input type="checkbox"/> Log Formation (Top), Depth and Datums <input type="checkbox"/> Sample</p> <p>Name _____ Top _____ Datum _____</p>
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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
		8 5/8"		1465'			
		5 1/2"		5199			

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	Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)	Depth
2 spf	2934-2946', 3072-76', 3059-64', 3046-54',	600 gals 7-1/2% HCL	2934-2946'
2 spf	3022-26', 2966-72', 2906-8', 2848-50', 2838-42',	3200 gals 7-1/2% HCL	3076-2906'
2 spf	2814-20', 2790-808', 2752-66', 2745-48', 2736-41'	5400 gals 15% HCL Frac w/120,000# sand-& 1563 bbls gel	2736-2850' 2906-3064'
	CIBP @ 4900' w/5' cmt; CIBP @ 3250' w/10' cmt	Frac w/124,000# sand & 980 bbls gel	2736-3064'

TUBING RECORD		Size <u>2-7/8"</u>	Set At <u>3040'</u>	Packer At _____	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj. <u>3/3/96</u>		Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil <u>0</u> Bbls.	Gas <u>491</u> Mcf	Water <u>110</u> 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: 2736'-2850'
2906'-2946'
3022-3076'