

ORIGINAL

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

Operator: License # 03394

Name: HEADINGTON OIL COMPANY

Address 205 NW 63 rd St. Ste. 310

Oklahoma City, Oklahoma

City/State/Zip 73116-8209

Purchaser: NA

Operator Contact Person: Herman Roark

Phone (405) 843-6423

Contractor: Name: _____

License: _____

Wellsite Geologist: _____

Designate Type of Completion
 New Well Re-Entry Workover

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

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

Operator: HEADINGTON OIL COMPANY

Well Name: Barragree # 1-10

Comp. Date 2-26-74 Old Total Depth 6280'

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back 3417' PSTD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

2-17-94 3-10-94 4-16-94
Date OF START Date Reached TD Completion Date OF
OF WORKOVER WORKOVER WORKOVER

API NO. 15- 119-20-140 000

County Meade County, Kansas

SW Sec. 19 Twp. 34 Rge. 27 XX V

1250 Feet from S (circle one) Line of Section

1500 Feet from E (circle one) Line of Section

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

Lease Name Barragree Well # 1-19

Field Name Fincham

Producing Formation Chester

Elevation: Ground 2393 KB 2403

Total Depth 6280' PSTD 3468

Amount of Surface Pipe Set and Cemented at 1307' Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 3468

feet depth to 2190 w/ 410' sx cnt.

Drilling Fluid Management Plan REWORK JH 11-29-94
Samples must be collected from the Reserve Pit) NA

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used _____

Location of fluid disposal if hauled offsite: _____

Operator Name HEADINGTON OIL COMPANY

Lease Name Barragree License No. 03394

SW Quarter Sec. 19 Twp. 34 Rge. 27 E/V

County Meade 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 J. Herman Roark

Title District Manager Date 6/15/94

Subscribed and sworn to before me this 15th day of June 19 94

Notary Public Stacy Hedrick

Date Commission Expires April 23, 1996

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
____ KCC _____ SWD/Rep _____ NEPA
____ KGS _____ Plug _____ Other
(Specify)

PI

Operator Name HEADINGTON OIL COMPANY Lease Name BARRAGREE Well # 1-19
 Sec. 19 Twp. 34 Rge. 27 East West
 County Meade County, Kansas

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 type="checkbox"/> Log	Formation (Top), Depth and Datum	<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 checked="" type="checkbox"/> No	Cottage Grove	2979	
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Lansing	4636	
		Merm	5436	
		Morrow	5931	
		Chester	6050	

List All E.Logs Run:
 MSG Gamma Collar CBL Log
 Dual Spaced Neutron

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
Surface Csg	12 1/4"	8 5/8" OD	24#	1307'	Reg & Pos	600	6% Gel 2%CC
Prod Csg	7 7/8"	4 1/2" OD	10.5#	6264'	Reg	100	2% Gel 10% Salt

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		Premium Lite	210	2% CC	1/4# Flocele
<input checked="" type="checkbox"/> Plug Back TD	3468'	Premium	230	2% CC	1/4# Flocele .5% Halad
<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	3160-62			
	3117-22			
	2890-89		2000 gal 7 1/2% HC Acid	

TUBING RECORD	Size 2 3/8"	Set At 2852'	Packer At None	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Date of First, Resumed Production, SWD or Inj. TA at present, No Prod.	Producing Method <input 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

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACD-18.)

METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____

