

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: Best Well Service
License: _____

Wellsite Geologist: L. J. Reimer
Designate Type of Completion
XXX New Well XXX Re-Entry _____ Workover _____
X Oil _____ SWD _____ SIOW _____ Temp. Abd. _____
X Gas _____ ENHR _____ SIGW _____
_____ Dry _____ Other (Core, WSW, Expl., _____)

If Workover **REENTRY:**
Operator: Mobil Oil Corporation
Well Name: Owen Dowdy Well #3
Comp. Date 7-1-88 Old Total Depth 6450'
X Rename _____
_____ Deepening XXX Re-perf. _____ Conv. to Inj/SWD _____
_____ Plug Back _____ PBDT _____
_____ Commingled _____ Docket No. _____
_____ Dual Completion _____ Docket No. _____
_____ Other (SWD or Inj?) _____ Docket No. _____
3-1-96 _____ 3-26-96
Spud Date **REENTRY** Date Reached TD _____ Completion Date _____
Commenced _____

API NO. 15- 189-211530001 **ORIGINAL**
County Stevens
_____ - C - SW - SE Sec. 36 Twp. 32S Rge. 35 E X W
660 Feet from S/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 Marcellus #1 Unit Well # 4
Field Name Hugoton
Producing Formation Chase
Elevation: Ground 2920 KB 2930
Total Depth 6450 PBDT 3060
Amount of Surface Pipe Set and Cemented at 1736 Feet
Multiple Stage Cementing Collar Used? _____ Yes X No _____
_____ 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 **REENTRY JK 1-9-97**
(Data must be collected from the Reserve Pit)

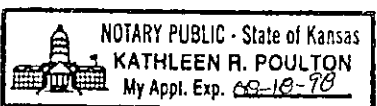
Chloride content NA ppm Fluid volume NA bbls
Dewatering method used _____
Location of fluid disposal if hauled offsite: _____
Operator Name NA
Lease Name _____ License No. _____
_____ Quarter Sec. _____ Twp. _____ S Rng. _____ E/W _____
County _____ Docket No. _____

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 6-21-96
Subscribed and sworn to before me this 21st day of June,
19 96.
Notary Public Kathleen R. Poulton
Date Commission Expires August 18, 1998
6-139 .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)



SIDE TWO

Operator Name Mobil Oil Corporation Lease Name Marcellus #1 Unit Well # 4
 Sec. 36 Twp. 32S Rge. 35 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 checked="" 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 checked="" type="checkbox"/> No | Name | Top Datum |
| Cores Taken | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | NO CHANGE | |
| Electric Log Run (Submit Copy.) | <input type="checkbox"/> Yes <input checked="" 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: | 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 | 2655-61 | Acid: 1,000 gals 7.5% HCL | |
| | 2690-2710 | Fracd: 500 bbls 20# Crosslink gel | |
| | 2744-54 | 85,200 lbs 12/20 Brady Sand | |
| | | | |

| TUBING RECORD | Size | Set At | Packer At | Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|--|------------|-------------|---|
| Date of First, Resumed Production, SWD or Inj. | Producing Method <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) | | | |
| 4-16-96 | | | | |
| Estimated Production Per 24 Hours | Oil Bbls. | Gas 93 Mcf | Water Bbls. | Gas-Oil Ratio Gravity |

Disposition of Gas: METHOD OF COMPLETION Production Interval
 Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled 2655
 (If vented, submit ACO-18.) Other (Specify) _____ 2754

ORIGINAL

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

API No. 15- 184-21153

COUNTY STEVENS

SW SE Sec 36 Twp 32S Rge 35 X West

660 Ft North from Southeast Corner of Section
1980 Ft West from Southeast Corner of Section
(Note: Locate well in section plat below)

Lease Name OWEN DOWDY WELL # 5

Field Name NORTH SHUCK

Producing Formation CHESTER

Elevation: Ground 2920' KB 2936'

Operator: License # 5208
Name MOBIL OIL CORPORATION
Address P.O. BOX 5444

City/State/Zip DENVER, COLORADO 80217

Purchaser TA'D

Operator Contact Person B. R. MAYNARD
Phone (303) 298-2069

Contractor: License # 9137
Name UNIT EXPLORATION & DRILLING CO.

Wellsite Geologist J. PHILLIPS
Phone (303) 298-3653

Designate Type of Completion
XX New Re-Entry Workover

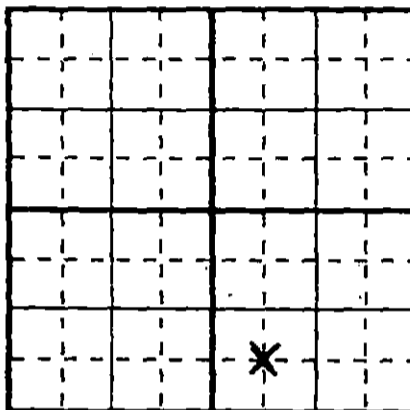
Oil SMD XX Temporary Abandoned
Gas Inj Delayed Comp.
Dry Other (Core, Water Supply, etc.)

If OWD: old well info as follows:

Operator NA
Well Name
Comp. Date

RECEIVED
KANSAS CORPORATION COMMISSION
JUN 27 1996
CONSERVATION DIVISION
WICHITA, KS

SECTION PLAT



WATER SUPPLY INFORMATION

Disposition of Produced Water: Disposal
Docket # TA'D Repressuring

Questions on this portion of ACO-1 call:
Water Resources Board (913) 296-3717

Source of Water:
Division of Water Resources Permit# T88-172

XX Groundwater 825 Ft. North from Southeast Corner
(well) 1945 Ft. West from Southeast Corner of
Sec 36 Twp 32S Rge 35 East X West

Surface Water Ft. North from Southeast Corner
(Stream, pond etc) Ft. West from Southeast Corner
Sec Twp Rge East West

Other (explain)
(purchased from city, R.W.O. #)

WELL HISTORY

Drilling Method:
XX Mud Rotary Air Rotary Cable

4-2-88 4-8-88 TA'D
Spud Date Date Reached TD Completion Date

6450' 3075'
Total Depth PBTD

Amount of Surface Pipe Set and Cemented at 1736 feet
Multiple Stage Cementing Collar Used? Yes XX No

If yes, show depth set feet

If alternate 2 completion, cement circulated
from feet depth to w/ SI cat

Cement Company Name

Invoice #

INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date of any well. Rule 82-3-130, 82-3-107, and 82-3-106 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 drillers time log shall be attached with this form. Submit cp-4 form with all plugged wells. Submit cp-111 form with all temporarily abandoned wells.

All requirements of 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 B.R. Maynard B. R. MAYNARD

Title REGULATORY COMPLIANCE MANAGER Date 7-8-88

Subscribed and sworn to before me this 8th day of July

1988 Notary Public Joyce George

Date Commission Expires 1/3/91

K.C.C. OFFICE USE ONLY

F Letter of Confidentiality Attached
C Wireline Log Received
C Drillers Timelog Received

Distribution

KCC SMD/Rep NGPA
KGS Plug Other
(Specify)

Operator Name MOBIL OIL CORPORA

Lease Name OWEN D...

Well # 5

Sec 36 Twp 32S Rge 35 XX East
XX West

County STEVENS

WELL LOG

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 XX Yes XX No
 Samples Sent to Geological Survey XX Yes XX No
 Cores Taken XX Yes XX No

Formation Description
XX Log XX Sample

| Name | Top | Bottom |
|----------------|-------|--------|
| CHASE | 2627' | |
| WINFIELD | 2717' | |
| COUNCIL GROVE | 2965' | |
| ADMIRE | 3233' | |
| WABAUNSEE | 3353' | |
| HEEBNER | 4204' | |
| LANSING | 4317' | |
| KANSAS CITY | 4646' | |
| MARMATON | 5047' | |
| CHEROKEE | 5235' | |
| MORROW | 5646' | |
| CHESTER | 5924' | |
| STE. GENEVIEVE | 6151' | |
| ST. LOUIS | 6258' | |

CASING RECORD

XX New XX 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 | 12-1/4" | 8-5/8" | 24# | 1736' | CL C LITE | 575 SX | 65:35:6 +3% CACL ₂ |
| | | | | | CL C | 165 SX | +2% CACL ₂ |
| Production | 7-7/8" | 5-1/2" | 14# | 3078' | CL H | 325 SX | 50:50 POZ+2%GEL+2%CACL ₂ |
| | | | | | | SX | |

PERFORATION RECORD

Acid, Fracture, Shot, Cement Squeeze Record
 (Amount and Kind of Material Used)

| Shots Per Foot | Specify Footage of Each Interval Perforated | Depth |
|----------------|---|-------|
| TA'D | | |
| | | |
| | | |
| | | |

TUBING RECORD Size NONE Set At XX Packer At XX Liner Run XX Yes XX No

Date of First Production TA'D Producing Method XX Flowing XX Pumping XX Gas Lift XX Other (explain) XX

| Estimated Production Per 24 Hours | Oil | Gas | Water | Gas-Oil Ratio | Gravity |
|-----------------------------------|---------------|--------------|---------------|----------------|---------|
| | <u>0</u> Bbls | <u>0</u> MCF | <u>0</u> Bbls | <u>XX</u> CFPB | |

METHOD OF COMPLETION

Disposition of gas: XX Vented XX Open Hole XX Perforation
XX Sold XX Other (Specify) XX
XX Used on Lease XX Dually Completed
XX Conningled

Production Interval

TA'D