

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 4358
City/State/Zip HOUSTON, TX 77210-4358

Purchaser: Spot Market
Operator Contact Person: Patricia B. Swanner

Phone (713) 431-1021
Contractor: Name: Key Energy
License: 32393

Wellsite Geologist: -
Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc.)

If Workover/Reentry: Old Well Info as follows:
Operator: MOBIL OIL CORPORATION
Well Name: OLNEY #1-3
Comp. Date 9/30/94 Old Total Depth 3023-3032'
 Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBSD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____
7/24/00 8/5/00
Date of START Date Reached TD Completion Date of
OF WORKOVER WORKOVER

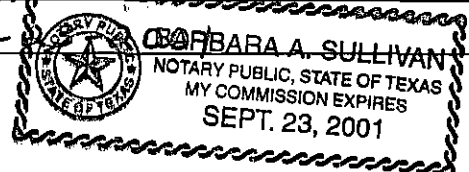
API NO. 15- 189-21786-0001
County STEVENS
NE - SW - SW - Sec. 16 Twp. 32S Rge. 36 E
1250' Feet from S (circle one) Line of Section
1250' Feet from E/W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or S (circle one)
Lease Name OLNEY #1 UNIT Well # 3
HUGOTON
Producing Formation CHASE
Elevation: Ground 3064' KB 3075'
Total Depth 3032' PBSD 2992'
Amount of Surface Pipe Set and Cemented at 491' (Set) 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 cmt.
Drilling Fluid Management Plan REWORK GW 12-29-00
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used NOT APPLICABLE
Location of fluid disposal if hauled offsite:
Operator Name _____
Lease Name _____ License No. _____
_____ Quarter Sec. _____ Twp. _____ S Rge. _____ E/W
County _____ Docket No. _____

RECEIVED
STATE CORPORATION COMMISSION
CONSERVATION DIVISION
Wichita, Kansas
MAY 15 2000
11-13-00

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 Patricia B. Swanner
Title Regulatory Analyst Date 11/7/00
Subscribed and sworn to before me this 7 day of November
20 00
Notary Public Barbara A. Sullivan
Date Commission Expires 9-



K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Drillers Timelog Received
Distribution
 KCC SWD/Rep NGPA
 KGS Plug Other
(Specify)

X

SIDE TWO

Operator Name MOBIL OIL CORPORATION Lease Name OLNEY #1 UNIT Well # 3
 Sec. 16 Twp. 32S Rge. 36 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 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:

Log Formation (Top), Depth and Datums Sample
 Name Top Datum

CASING RECORD <input type="checkbox"/> New <input checked="" 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#	491'	Class C	225	50:50 C/poz
Production casing	7.875	5.50	14#	3023'	Class C	425	3% D79
							2% CACL2

ADDITIONAL CEMENTING/SQUEEZE RECORD					
Purpose	Depth		Type of Cement	#Sacks Used	Type and Percent Additives
	Top	Bottom			
Perforate					
Protect Casing					
Plug Back TD					
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
4	2825-27'; 2833-43' (New Perfs)	23,000 gals gelled fresh water	2825-27'
		with polymer; 850,000 SCF	2833-43'
		of nitrogen	

TUBING RECORD	Size	Set At	Packer At	Liner Run
	0	0	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumed Production, SWD or Inj.	Producing Method
8/6/00	<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 Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	0	245	0	NA	NA

Disposition of Gas: Vented Sold Used on Lease Open Hole Perforation Dually Comp. Commingled
 (If vented, submit ACO-18.) Other (Specify) _____

METHOD OF COMPLETION _____ Production Interval _____