

ORIGINAL

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

API NO. 15- 189-220130000

County Stevens
- SE - NW - NE Sec. 9 Twp. 32S Rge. 36 X W ^E

Operator: License # 5208

1250 Feet from S/N (circle one) Line of Section

Name: Mobil Oil Corporation

1450 Feet from E/W (circle one) Line of Section

Address P.O. Box 2173

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

2319 North Kansas Avenue

Lease Name Bunton #1 Unit Well # 4

City/State/Zip Liberal, KS 67905-2173

Field Name Hugoton

Purchaser: Spot Market

Producing Formation Chase

Operator Contact Person: Sharon Cook

Elevation: Ground 3066 KB 3074

Phone (316) 626-1142

Total Depth 2960 PBDT 2927

Contractor: Name: Murfin Drilling Co., Inc.

Amount of Surface Pipe Set and Cemented at 619 Feet

License: 30606

Multiple Stage Cementing Collar Used? Yes X No

Wellsite Geologist: L. J. Reimer

If yes, show depth set NA Feet

Designate Type of Completion
X New Well Re-Entry Workover

If Alternate II completion, cement circulated from NA

X Oil SWD S10W Temp. Abd.
X Gas ENHR SIGW
Dry Other (Core, WSW, Expl., Cathodic, etc)

feet depth to NA w/ NA sx cmt.

If Workover:

Drilling Fluid Management Plan ALL I 5-8-96
(Data must be collected from the Reserve Pit) Le

Operator: _____

Chloride content 2,600 ppm Fluid volume 481 bbls

Well Name: _____

Dewatering method used Waste Minimization Mud System

Comp. Date _____ Old Total Depth _____

Location of fluid disposal if hauled offsite:

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

Operator Name Mobil Oil Corporation

11-7-95 11-10-95 12-12-95
Spud Date Date Reached TD Completion Date

Lease Name Hill #3 SWDW License No. 5208

SW Quarter Sec. 3 Twp. 33 S Rng. 37 E/W

County Stevens Docket No. CD-117710

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 Assistant Date 2-1-96

Subscribed and sworn to before me this 1st day of February, 19 96.

Notary Public Kathleen R. Poulton

Date Commission Expires August 18, 1998
6-51.kcc

K.C.C. OFFICE USE ONLY		
F	Letter of Confidentiality Attached	
C	Wireline Log Received	
C	Geologist Report Received	
Distribution		
<input checked="" type="checkbox"/>	KCC	<input type="checkbox"/> SWD/Rep
<input type="checkbox"/>	KGS	<input type="checkbox"/> Plug
		<input type="checkbox"/> NGPA
		<input type="checkbox"/> Other
		(Specify)

NOTARY PUBLIC - State of Kansas
KATHLEEN R. POULTON
My Appt. Exp. 08-18-98

Operator Name Mobil Oil Corporation Lease Name Bunton #1 Unit Well # 4
 Sec. 9 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 (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 Name Top Datum
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
List All E.Logs Run:	NO 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
Surface Casing	12.250	8.625	24#	619	Class C Class C	200 150	50:50 C/poz 50:50 C/poz
Production Casing	7.875	5.500	14#	2952	Class C Class C	280 150	3% D79 2% B28

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	2670-2690	Acid: 750 gals 7.5% HCL	
	2720-2740	Fract: 900 bbls 20# Crosslink gel	
	2775-2795	137,247 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. 12-8-95	Producing Method <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 426	Water 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: _____ 2670 _____ 2795 _____

CEMENTING SERVICE REPORT

Schlumberger
Dowell

DOWELL SCHLUMBERGER INCORPORATED

TREATMENT NUMBER

DATE

STAGE

DS

DISTRICT

DS-496-A PRINTED IN U.S.A.

WELL NAME AND NO. <i>BUNTON 1-4</i>		LOCATION (LEGAL) <i>SPC 9-325-36W</i>		RIG NAME: <i>MUFFIN 24</i>	
FIELD-POOL <i>HUGOTON</i>		FORMATION <i>SUIF</i>		WELL DATA:	
COUNTY/PARISH <i>STEVENS</i>		STATE <i>KY.</i>		API. NO.	
NAME <i>MOBIL</i>		MUD TYPE		GRADE <i>USCO</i>	
AND		MUD DENSITY		LESS FOOTAGE SHOE JOINT(S) <i>576</i>	
ADDRESS		MUD VISC.		Disp. Capacity <i>36.7</i>	
ZIP CODE		NOTE: Include Footage From Ground Level To Head In Disp. Capacity		TOTAL	

ORIGINAL

SPECIAL INSTRUCTIONS
Deflag amt 2 3/4 as per customer orders

IS CASING/TUBING SECURED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	HEAD & PLUGS	<input type="checkbox"/> TBG <input type="checkbox"/> D.P.	SQUEEZE JOB	
LIFT PRESSURE	PSI	<input type="checkbox"/> Double	SIZE	TOOL	TYPE
PRESSURE LIMIT	PSI	<input type="checkbox"/> Single	WEIGHT	DEPTH	
ROTATE	RPM	<input type="checkbox"/> Swage	GRADE	TAIL PIPE: SIZE DEPTH	
	RECIPROCATE	<input type="checkbox"/> Knockoff	THREAD	TUBING VOLUME Bbbs	
	FT	<input type="checkbox"/> BOT <input type="checkbox"/> OR <input type="checkbox"/> W	NEW <input type="checkbox"/> USED	CASING VOL. BELOW TOOL Bbbs	
	No. of Centralizers	<input type="checkbox"/> BOT <input type="checkbox"/> OR <input type="checkbox"/> W	DEPTH	TOTAL Bbbs	
				ANNUAL VOLUME Bbbs	

TIME	PRESSURE		VOLUME PUMPED BBL		JOB SCHEDULED FOR			ARRIVE ON LOCATION		LEFT LOCATION	
	TBG OR D.P.	CASING	INCREMENT	CUM	TIME	DATE	TIME	DATE	TIME	DATE	
0001 to 2400											
20:55		200		X							PRE-JOB SAFETY MEETING
20:57		120	25	X	5.7	H2O	8.3				PSI TEST
21:02		160	68	25	5.7	CMT.	12.8				START H2O
21:14		170	73	93	5.7	CMT.	14.6				START LOCMT.
21:20				126							START TFCMT.
21:23		110	38	X	5.7	H2O	8.3				SHUT DOWN PROB PLUG
21:26		200		20	5.7	"	"				START DISP.
21:28		190		28	2.6	"	"				CMT TO SURFACE
21:28		190		30	2.6	"	"				LOWER RAT @
21:31		840		38	2.6	"	"				OST CHECK
21:32		290			-	-	-				BUMP PLUG
											BLEED LINES CLOSE IN HEAD

REMARKS

SYSTEM CODE	NO. OF SACKS	YIELD CU. FT/SK	COMPOSITION OF CEMENTING SYSTEMS				SLURRY MIXED	
							Bbbs	DENSITY
1.	200	1.84	50 A12	30 C + 6% D. 20 + 3% S-1 + 5% D. 4 (LOW) + 1/2 SK 0-29	68	12.8		
2.								
3.	150	1.22	50 A12	30 C + 2.5% S-1 + 1/2 SK 0-29	73	14.6		
4.								
5.								
6.								

RECEIVED NANSAS CORP COMM 11 FEB 2 11:11 AM '99

BREAKDOWN FLUID TYPE	VOLUME	DENSITY	PRESSURE	MAX. 840	MIN: 110
<input type="checkbox"/> HESITATION SQ.	<input type="checkbox"/> RUNNING SQ.	<input type="checkbox"/> CIRCULATION LOST	Cement Circulated To Surf.	<input type="checkbox"/> YES <input type="checkbox"/> NO	14 Bbbs
BREAKDOWN	PSI	FINAL	PSI	DISPLACEMENT VOL.	Bbbs
Washed Thru Perfs	<input type="checkbox"/> YES <input type="checkbox"/> NO	TO	FT.	MEASURED DISPLACEMENT	<input type="checkbox"/> WIRELINE
PERFORATIONS	TO	TO	CUSTOMER REPRESENTATIVE	DS SUPERVISOR	
			<i>Donna Russell</i>	<i>Ray Periman</i>	

CEMENTING SERVICE REPORT

Schlumberger

Dowell

DOWELL SCHLUMBERGER INCORPORATED

TREATMENT NUMBER

DATE

STAGE

DS

DISTRICT

DS-496-A PRINTED IN U.S.A.

WELL NAME AND NO. Bunton # 1-4 LOCATION (LEGAL) Sec 9-325-36W

FIELD-POOL Hugoton FORMATION _____

COUNTY/PARISH Stevens 189 STATE Kansas 15 API. NO. _____

NAME MOBIL OIL

AND **ORIGINAL**

ADDRESS _____ ZIP CODE _____

RIG NAME: Mud Fin #24

WELL DATA: BOTTOM TOP

BIT SIZE <u>7 7/8</u>	CSG/Liner Size <u>5 1/2</u>		
TOTAL DEPTH	WEIGHT <u>14#</u>		
<input type="checkbox"/> ROT <input type="checkbox"/> CABLE	FOOTAGE <u>2951.91</u>		
MUD TYPE	GRADE		
<input type="checkbox"/> BHST <input type="checkbox"/> BHCT	THREAD <u>BRD</u>		
MUD DENSITY	LESS FOOTAGE SHOE JOINT(S) <u>23'</u>		TOTAL
MUD VISC.	Disp. Capacity <u>71.5</u>		

NOTE: Include Footage From Ground Level To Head In Disp. Capacity

SPECIAL INSTRUCTIONS

Rig up and run 2280 cks ahead and 150 cks of FT at per company man's instruction

IS CASING/TUBING SECURED? YES NO

LIFT PRESSURE _____ PSI CASING WEIGHT ÷ SURFACE AREA (3.14 x R²)

PRESSURE LIMIT _____ PSI BUMP PLUG TO _____ PSI

ROTATE _____ RPM RECIPROCATATE _____ FT No. of Centralizers _____

Float	TYPE <u>Oil Field Flapper</u>	Stage Tool	TYPE
	DEPTH <u>2928.91</u>		DEPTH
SHOE	TYPE <u>Cement Plug</u>	Stage Tool	TYPE
	DEPTH <u>2951.91</u>		DEPTH

Head & Plugs TBG D.P. SQUEEZE JOB

Double Single Swage Knockoff

SIZE WEIGHT GRADE THREAD

TAIL PIPE: SIZE DEPTH

TUBING VOLUME _____ Bbls

CASING VOL. BELOW TOOL _____ Bbls

TOTAL _____ Bbls

ANNUAL VOLUME _____ Bbls

TIME	PRESSURE		VOLUME PUMPED BBL		JOB SCHEDULED FOR			ARRIVE ON LOCATION		LEFT LOCATION	
	TBG OR D.P.	CASING	INCREMENT	CUM	TIME: <u>2:030</u>	DATE: <u>11-9-95</u>	TIME: <u>2:030</u>	DATE: <u>11-9-95</u>	TIME: <u>01:30</u>	DATE: <u>11-9-95</u>	
0001 to 2400											
23:10											PRE-JOB SAFETY MEETING
23:19	2000	-				H ₂ O	8.34				Pressure Test Lines
23:20		300	25		6	H ₂ O	8.34				Start Fresh Ahead
23:26		330	137	25	6	Cement	14.5#				Start Lead Cement
23:49		120	37	137	6	Cement	14.8#				Start Tail Cement
23:56		100		37	6	Cement	14.8#				Shut down Displacement Washlines
00:01		100	71.5		6	H ₂ O	8.34				Start Displacement
00:09		250		35	6	H ₂ O	8.34				PSICK
00:17		570		50	6	H ₂ O	8.34				PSICK Cement to Surface
00:14		670		60	2	H ₂ O	8.34				Lower Rate
00:18		790		70	2	H ₂ O	8.34				PSICK
											Bump Plug to 1220 PSI

REMARKS

SYSTEM CODE	NO. OF SACKS	YIELD CU. FT/SK	COMPOSITION OF CEMENTING SYSTEMS				SLURRY MIXED	
							BBLs	DENSITY
1.	280	2.75	Class C + 390 D79 + 290 D46 + 1/4 SK D-29				137	11.5
2.	150	1.37	Class C + 290 B28 + 290 S1 + 690 D60 + 290 D46 + 1/4 SK D29				37	14.8
3.								
4.								
5.								
6.								

BREAKDOWN FLUID TYPE VOLUME DENSITY PRESSURE MAX. MIN:

HESITATION SQ. RUNNING SQ. CIRCULATION LOST YES NO Cement Circulated To Surf. YES NO 20 Bbls

BREAKDOWN PSI FINAL PSI DISPLACEMENT VOL. 71.5 Bbls

Washed Thru Perfs YES NO TO _____ FT. MEASURED DISPLACEMENT WIRELINE

PERFORATIONS TO TO CUSTOMER REPRESENTATIVE Dennis Russell DS SUPERVISOR Tim Willis