

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION OR RECOMPLETION FORM
ACO-1 WELL HISTORY

DESCRIPTION OF WELL AND LEASE

Operator: license # 5952
name ...Amoco Production Company
address P.O. Box 432
City/State/Zip Liberal, KS 67905-0432

Operator Contact Person Larry L. Smith
Phone 316-624-6241

Contractor: license # 6497
name ...Midwest Casing Pullers

Wellsite Geologist N/A
Phone

Designate Type of Completion

New Well Re-Entry Workover

Oil SWD Temp Abd
 Gas P&A'ed Inj Delayed Comp.
 Dry Other (Core, Water Supply etc.)

If OWWO: old well info as follows:

Operator
Well Name N/A
Comp. Date Old Total Depth

WELL HISTORY

Drilling Method: Mud Rotary Air Rotary Cable

7-14-51 8-8-51
Spud Date Date Reached TD Completion Date

2662 P&A'ed
Total Depth PBTB 12-31-87

Amount of Surface Pipe Set and Cemented at 605 feet

Multiple Stage Cementing Collar Used? Yes No

If Yes, Show Depth Set feet

If alternate 2 completion, cement circulated from feet depth to w/ SX cmt

API NO. 15-129-05304

County ...Morton

SW SW NE Sec 21 Twp 32S Rge 39 X West
(location)

2970 Ft North from Southeast Corner of Section
2310 Ft West from Southeast Corner of Section
(Note: locate well in section plat below)

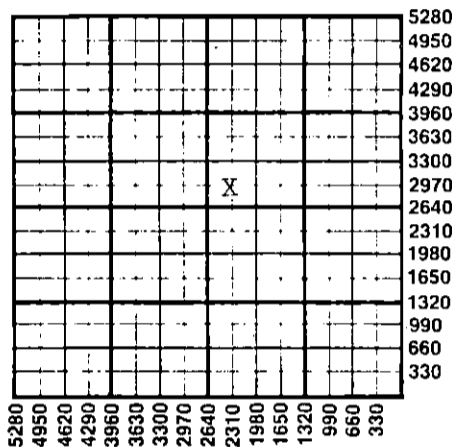
Lease Name Renshaw Gas Unit "A" Well# 1

Field Name Hugoton

Producing Formation Chase

Elevation: Ground 3234 KB 3237

Section Plat



WATER SUPPLY INFORMATION

Source of Water:

Division of Water Resources Permit #

Groundwater Ft North From Southeast Corner and (Well) Ft West From Southeast Corner of Sec Twp Rge East West

Surface Water Ft North From Southeast Corner and (Stream, Pond etc.) Ft West From Southeast Corner Sec Twp Rge East West

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

Disposition of Produced Water: Disposal Repressuring

Docket # JAN 12 1988 1-12-88

INSTRUCTIONS: This form shall be completed in duplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 90 days after completion or recompletion of any well. Rules 82-3-130 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 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 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 Larry L. Smith
Title Admn. Supvr Date 1-8-88
Subscribed and sworn to before me this 8th day of January 1988
Notary Public V.K. Bruce
Date of Commission Expires 4-28-89

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)

Form ACO-1
(This form supercedes previous forms ACO-1 & C-10)

Sec. 21 Twp. 32S Rge. 39W

SIDE TWO

Operator Name Amoco Production Co. Lease Name Renshaw Well# 1 SEC. 21 TWP. 32S RGE. 39 East West

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	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Formation Description	<input type="checkbox"/> Log	<input type="checkbox"/> Sample
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			

		Name	Top	Bottom
Herington Krider	2444	Surface Clay & Sand	0	300
Winfield	2520	Clay & Blue Shale	300	405
Towanda	2580	Shale & Sand	405	565
Ft. Riley	2636	Red Bed	565	800
		Shale	800	1185
		Shale & Gyp	1185	2040
		Gyp	2040	2090
		Shale & Gyp	2090	2248
		Shale, Gyp & Anhydrite	2248	2288
		Shale & Anhydrite	2288	2373
		Shale & Lime	2373	2627
		Lime	2627	2644
		Dolomite	2644	2662
		TD		2622

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	12-1/4	10-3/4	29#	605	Lehigh	400	Bulk Howco
Production	7-7/8	5-1/2	15 & 17#	2623	Atlas	300	Bulk Howco

PERFORATION RECORD		Acid, Fracture, Shot, Cement Squeeze Record	
shots per foot	specify footage of each interval perforated	(amount and kind of material used)	Depth
	P&A	P&A	

TUBING RECORD				Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No	
size	set at	packer at			
N/A					

Date of First Production	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	Gas	Water	Gas-Oil Ratio	Gravity
	Bbls	P&A MCF	Bbls	CFPB	

Disposition of gas: <input type="checkbox"/> vented	<input type="checkbox"/> open hole	<input type="checkbox"/> perforation	PRODUCTION INTERVAL
<input type="checkbox"/> sold	<input type="checkbox"/> other (specify)		
<input type="checkbox"/> used on lease			P&A
	<input type="checkbox"/> Dually Completed.		
	<input type="checkbox"/> Commingled		

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. KS NM 67915
2. NAME OF OPERATOR Amoco Production Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A
3. ADDRESS OF OPERATOR P. O. Box 432 Liberal, KS 67905-0432		7. UNIT AGREEMENT NAME N/A
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface SW SW NE Sec. 21-T32S-R39W		8. FARM OR LEASE NAME Renshaw Gas Unit A
14. PERMIT NO.		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR 3234 KB 3237		10. FIELD AND POOL, OR WILDCAT Hugoton
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 21-T32S-R39W
		12. COUNTY OR PARISH Morton
		13. STATE KS

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	
(Other) _____		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Set CIBP @1280' w/2 sxs of cement x mud 1018' to 630' x pump 50 sxs cmt 630' to 530' x mud 530' to 33' x put bridge and 20 sxs cement 33' to 3' x cut off 10-3/4 x 3' below ground level and cap.

Recovered 1018' of production casing.

Plugging commenced on 12-29-87 and completed 12-31-87.

18. I hereby certify that the foregoing is true and correct

SIGNED *Larry L. Smith* TITLE Admn. Supvr. DATE 1-8-88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side