

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- 189-220180000

County Stevens  
-NW-SE-SE Sec. 12 Twp. 32S Rge. 37 <sup>E</sup>X <sub>W</sub>

Operator: License # 5208

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

Name: Mobil Oil Corporation

1250 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 Hogan #1 Unit Well # 3

City/State/Zip Liberal, KS 67905-2173

Field Name Hugoton

Purchaser: Spot Market

Producing Formation Chase

Operator Contact Person: Sharon Cook

Elevation: Ground 3098 KB 3106

Phone (316) 626-1142

Total Depth 2945 PBDT 2911

Contractor: Name: Murfin Drilling Co., Inc.

Amount of Surface Pipe Set and Cemented at 586 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

If Alternate II completion, cement circulated from NA

X New Well      Re-Entry      Workover

feet depth to NA w/ NA sx cmt.

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

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

If Workover:

Chloride content 4,800 ppm Fluid volume 121 bbls

Operator: \_\_\_\_\_

Dewatering method used Waste Minimization Mud System

Well Name: \_\_\_\_\_

Location of fluid disposal if hauled offsite:

Comp. Date \_\_\_\_\_ Old Total Depth \_\_\_\_\_

Operator Name Mobil Oil Corporation

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

Lease Name Hill #3 SWDW License No. 5208

11-13-95 11-16-95 12-16-95  
Spud Date Date Reached TD Completion Date

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 FEB 1 1996

Date Commission Expires August 18, 1998  
6-52.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)

NOTARY PUBLIC - State of Kansas  
KATHLEEN R. POULTON  
My Appt. Exp. 8-18-98

RECEIVED  
2-2-96

SIDE TWO

Operator Name Mobil Oil Corporation Lease Name Hogan #1 Unit Well # 3  
 Sec. 12 Twp. 32S Rge. 37  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:  
 NO LOGS RUN

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

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#	586	Class C Class C	200 150	50:50 C/poz 50:50 C/poz
Production Casing	7.875	5.500	14#	2935	Class C Class C	140 75	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	2638-2648 2828-43	Acid: 1,000 gals 7.5% HCL	
	2674-2684	Fracd: 925 bbls 20# Crosslink gel	
	2728-2738	137,039 lbs 12/20 Brady Sand	
	2776-2796		

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)			
12-15-95				
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity
		307		

Disposition of Gas: METHOD OF COMPLETION Production Interval  
 Vented  Sold  Used on Lease  Open Hole  Perf.  Dually Comp.  Commingled 2638  
 (If vented, submit ACO-18.)  Other (Specify) \_\_\_\_\_ 2843

CEMENTING SERVICE REPORT

Schlumberger

Dowell

DOWELL SCHLUMBERGER INCORPORATED

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

TREATMENT NUMBER	DATE
STAGE	DS
DISTRICT	

WELL NAME AND NO.	LOCATION (LEGAL)
FIELD-POOL	FORMATION
COUNTY/PARISH	STATE
	API. NO.

RIG NAME:	WELL DATA:		BOTTOM	TOP
	BIT SIZE	CSG/Liner Size		
	TOTAL DEPTH	WEIGHT		
	<input type="checkbox"/> ROT <input type="checkbox"/> CABLE	FOOTAGE		
	MUD TYPE	GRADE		
	<input type="checkbox"/> BHST <input type="checkbox"/> BHCT	THREAD		
	MUD DENSITY	LESS FOOTAGE SHOE JOINT(S)		TOTAL
	MUD VISC.	Disp. Capacity		

ORIGINAL

NAME	AND	ADDRESS	ZIP CODE
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SPECIAL INSTRUCTIONS

SHOE	TYPE	DEPTH	Stage Tool	TYPE	DEPTH
	TYPE	DEPTH		TYPE	DEPTH

Head & Plugs	<input type="checkbox"/> TBG	<input type="checkbox"/> D.P.	SQUEEZE JOB		
<input type="checkbox"/> Double	SIZE	TOOL	TYPE	DEPTH	
<input type="checkbox"/> Single	<input type="checkbox"/> WEIGHT		TYPE	DEPTH	
<input type="checkbox"/> Swage	<input type="checkbox"/> GRADE	TAIL PIPE: SIZE		DEPTH	
<input type="checkbox"/> Knockoff	<input type="checkbox"/> THREAD	TUBING VOLUME		Bbls	
TOP <input type="checkbox"/> R <input type="checkbox"/> W	<input type="checkbox"/> NEW <input type="checkbox"/> USED	CASING VOL. BELOW TOOL		Bbls	
BOT <input type="checkbox"/> R <input type="checkbox"/> W	DEPTH	TOTAL		Bbls	
				ANNUAL VOLUME	Bbls

IS CASING/TUBING SECURED?  YES  NO

LIFT PRESSURE" 17.10 PSI CASING WEIGHT + SURFACE AREA (3.14 x R<sup>2</sup>)

PRESSURE LIMIT 0.5 PSI BUMP PLUG TO 200 PSI

ROTATE RPM RECIPROCATE FT No. of Centralizers

TIME	PRESSURE	VOLUME PUMPED BBL	JOB SCHEDULED FOR TIME: 00.00 DATE: 11/16	ARRIVE ON LOCATION TIME: 00.00 DATE: 11-16	LEFT LOCATION TIME: DATE:
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TIME	PRESSURE		VOLUME PUMPED BBL		JOB SCHEDULED FOR			ARRIVE ON LOCATION		LEFT LOCATION	
	TBG OR D.P.	CASING	INCREMENT	CUM	INJECT RATE	FLUID TYPE	FLUID DENSITY	TIME	DATE	TIME	DATE
0001 to 2400											
03:37		1500				H2O	8.3				
03:38		140	55		4	"	"				
03:45		720	72	25	4	"	11.5				
04:03		80	19	97	4	"	14.8				
04:07				116							
04:11		110	71		6	"	8.3				
04:17		110		27	6	"	"				
04:21		200		50	6	"	"				
04:23		240		60	6	"	"				
04:24		400		63	2	"	"				
04:29		450		70	2	"	"				
04:29		1200		71	2	"	"				
04:31						"	16.0				

REMARKS

SYSTEM CODE	NO. OF SACKS	YIELD CU. FT/SK	COMPOSITION OF CEMENTING SYSTEMS			SLURRY MIXED	
						BBLs	DENSITY
1.		2.75	C 13% D-78 + 0.2% D-46 + 4% D-29			77	11.5
2.							
3.		1.37	C 12% D-28 + 2% S-1 + 0.6% D-62 + 0.2% D-16 + 1/2% D-29			17	14.5
4.							
5.							
6.							

1999 FEB -2 A 11:11

BREAKDOWN FLUID TYPE	VOLUME	DENSITY	PRESSURE	MAX.	MIN:
<input type="checkbox"/> HESITATION SQ.	<input type="checkbox"/> RUNNING SQ.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Cement Circulated To Surf.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Bbls.
BREAKDOWN	PSI	FINAL	PSI	DISPLACEMENT	Bbls
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

CEMENTING SERVICE REPORT

Schlumberger  
Dowell

DOWELL SCHLUMBERGER INCORPORATED

TREATMENT NUMBER 85 12 7815 DATE 11/14/95  
STAGE 1 DS ULYSSES DISTRICT K.S.

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

WELL NAME AND NO. HOGAN 1-3	LOCATION (LEGAL) SEC. 12-325-37W	RIG NAME: MUCHN # 24
FIELD-POOL Hugoton	FORMATION SURFACE	WELL DATA:
COUNTY/PARISH STEWARTS	STATE KANSAS	APL. NO.
NAME Mobil Oil	AND	ADDRESS
SPECIAL INSTRUCTIONS		ZIP CODE
SAFELY CEMENT 586 FT. OF 8 5/8" CASING WITH 200 SKS OF LEAD AND 150 SKS OF TAIL CEMENT		ORIGINAL
IS CASING/TUBING SECURED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	LIFT PRESSURE 215 PSI	CASING WEIGHT + SURFACE AREA (3.14 x R <sup>2</sup> )
PRESSURE LIMIT 1000 PSI	BUMP PLUG TO 1000 PSI	ROTATE <input checked="" type="checkbox"/> RPM <input type="checkbox"/> RECIPROCATE <input checked="" type="checkbox"/> FT No. of Centralizers 5

NOTE: Include Footage From Ground Level To Head In Disp. Capacity	Float	TYPE INSERT	DEPTH 543.24	Stage Tool	TYPE	DEPTH
	SHOE	TYPE CMT NOSE GUIDE	DEPTH 586.12		TYPE	DEPTH
Head & Plugs	<input type="checkbox"/> TBG	<input type="checkbox"/> D.P.	SQUEEZE JOB			
<input type="checkbox"/> Double	SIZE	TOOL	TYPE			
<input checked="" type="checkbox"/> Single	WEIGHT	DEPTH				
<input type="checkbox"/> Swage	GRADE	TAIL PIPE: SIZE		DEPTH		
<input type="checkbox"/> Knockoff	THREAD	TUBING VOLUME		Bbls		
TOP <input checked="" type="checkbox"/> OR <input type="checkbox"/> CW	<input type="checkbox"/> NEW <input type="checkbox"/> USED	CASING VOL. BELOW TOOL		Bbls		
BOT <input type="checkbox"/> OR <input type="checkbox"/> CW	DEPTH	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: 24:06	DATE: 11/14/95	TIME: 23:30	DATE: 11/13/95	TIME: 9:15	DATE: 11/14/95	
02:30											
02:53		2100				WTR	8.34	PRE-JOB SAFETY MEETING			
02:56		170	25		6.0	WTR	8.34	Pressure Test Lines TEST OK			
03:02		220	67	25	6.0	CMT	12.8	START WATER AHEAD. BREAK CIRCULATION			
03:13		100	33	92	3.5-6.0	CMT	14.6	START LEAD SLURRY			
03:20				125				START TAIL SLURRY			
03:23			34	125	± 6.0	WTR	8.34	SHUTDOWN. DROP TOP PLUG			
03:28		210		152	2.0	WTR	8.34	START DISPLACEMENT			
03:35		1310		159				LOWER Pump RATE			
03:34		310						BUMP Plug			
								Bleed Pressure & SI to CMT. LOAD			
								Release Dowell			

REMARKS

SYSTEM CODE	NO. OF SACKS	YIELD CU. FT/SK	COMPOSITION OF CEMENTING SYSTEMS				SLURRY MIXED	
			1.	2.	3.	4.	BBLs	DENSITY
1.	150	1.89	50/50 (PBZ/C) + 6.1. D20 + 3.1. SA + 5.1. D44 (KNOX)	67.32	12.8			
2.	150	1.22	50/50 (PBZ/C) + 2.5. SA + 1/4 #/SK D.24	32.59	14.6			
3.								
4.								
5.								
6.								

BREAKDOWN FLUID TYPE	<input type="checkbox"/> HESITATION SQ.	<input type="checkbox"/> RUNNING SQ.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Pressure 1210 MAX	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	40/110 Bbls
BREAKDOWN	PSI FINAL	PSI	DISPLACEMENT VOL.	34.55 Bbls	TYPE OF WELL	<input type="checkbox"/> OIL <input type="checkbox"/> GAS <input type="checkbox"/> STORAGE <input type="checkbox"/> INJECTION <input type="checkbox"/> BRINE WATER <input type="checkbox"/> WILDCAT
Washed Thru Perfs	<input type="checkbox"/> YES <input type="checkbox"/> NO	TO	FT. MEASURED DISPLACEMENT	<input type="checkbox"/> WIRELINE	PERFORATIONS	
CUSTOMER REPRESENTATIVE	MR. Dennis Russell		DS SUPERVISOR	MR. DAVID R SARVER		