Operator: License # __5208_

Wellsite Geologist:___

If Workover:

ODIOIALAI

API NO. 15	189-21641 <u>-</u> (U.X	GIN	AL	. .
County					
NE	SWSW_ S	ес. <u>_</u> 27_ Тыр	- 32s R	ge37	E _X_₩
1290	_ Feet from	S/N (circle	one) Line	of Section	
4060	_ Feet from	E)W (circle	one) Line	of Section	
Footages Calcu N		Nearest Outsi r SW (circle		n Corner:	
Lease Name CP-	Porter, L		Well # _	1	
Field Name	Hugoto	n			
Producing Form	ation	_NA			
Elevation: Gr	ound31	24	_ KB	NA	
Total Depth		_100	PBTD	NA	
Amount of Surf	ace Pipe Se	t and Cemente	ed at	None	Feet
Multiple Stage	Cementing	Collar Used?	NA	YesNA	_ No
If yes, show d	epth set		NA		Feet
If Alternate I	I completio	n, cement cir	culated f	romNA	
feet depth to	NA	w/ _	NA_	sx	cmt.
Drilling Fluid (Data must be				1-96 7K	
Chloride conte	ntNA_	ppm F	luid volum	neNA	bbls
Dewatering met	hod used	NA		_	
Location of fl	uid disposa	l if hauled o	offsite:		
Operator Name	NA		_	_	_
Lease Name					
NA Quart					
County		Docker	_	-	
					
be filed with the spud date, side two of thi form (see rul eport shall be ls. Submit CF	recompleti is form will e 82-3-107 attached wi	on, workover be held con for confidenth this form	or conver fidential ntiality i . ALL CE	sion of a Wi for a period in excess of WENTING TICK	ell. d of f 12 ET\$
ated to regulate e best of my kr		nd gas indust	ry have be	en fully com	olied
on A. Cook_ (_3-94/	F L	K.C.C. OFFIC etter of Con Fireline Log deologist Rep	fidential Received ort Receiv	ity Attached	
	KC		SWD/Rep Plug	NGPA Other (Specify)	
	<u> </u>		<u> </u>	CEIVED RATION COMM	SSION
		Form ACO-	1 (7-91)		

Name: ____Mobil Oil Corporation_____ Address _____P.O. Box 2173___ 2319 North Kansas Avenue City/State/Zip __Liberal, KS 67905-2173____ Purchaser:_ Operator Contact Person: __Sharon Cook___ Phone (316__)_626-1142___ Contractor: Name: Cathodic Protection Services_____ License: ____31474______

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

Designate Type of Completion ___New Well ____ Re-Entry ___ Workover

_____ SWD _____ SIOW ____ Temp. Abd.
____ ENHR ____ SIGW ____ SIGW _____ Other (Core, WSW, Expl., Cathodic, etc) _ SWD Gas Dry

Operator: ___ Well Name: ____

Comp. Date ______ Old Total Depth ___ Deepening ____ Re-perf. ____ Conv. to Inj/SWD

Plug Back Commingled Docket No. Dual Completion Docket No. Other (SWD or Inj?) Docket No.

7/22/94 7/22/94 7/22/94 Date Reached TD Completion Date Spud Date

INSTRUCTIONS: An original and two copies of this form shall Derby Building, Wichita, Kansas 67202, within 120 days of Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information on 12 months if requested in writing and submitted with the months). One copy of <u>all</u> wireline logs and geologist well r MUST BE ATTACHED. Submit CP-4 form with all plugged wel

All requirements of the statutes, rules and regulations promulg with and the statements herein are complete and correct to th

Signature _______ Title _Regulatory Assistant_ Subscribed and sworn to before me this 3rd day of Novembe

19 __94_.

Notary Public ___

Date Commission Expires ____August 18, 1998_

DEW94601.SAC

A.	OTARY PUBLIC - State of Kansas KATHLEEN R. POULTON My Appt. Exp. <u>08-18-98</u>
	My Appt Exp. OF 10-70

NOV 0 4 1994

HOTHUCE THE BUREAU ENGLISHED

CATHODIC PROTECTION SERVICES COMPANY

' LIBERAL, KAN	SAS DATA SHEET NO		UKIDINAL
COMPANY MOBIL EAP		- 801-00370	DATE: 9/22/94
	PIPELINE: P. 32 Rge. 37	co. Stevens	State Kansas
ROTARYLOO	FT:	CASING	FT.
	DEEP GROUNDBED	LOGGING DATA	

DRILL LOG	DEPTH (FT)	ANODE STRUCT EXPLOR	URE	AN	ODES TOP	ANODE TO CABLE	DRILL LOG	DEPTH (FT)	ANODE STRUCT EXPLOR	URE		ODES TOP	ANODE TO CABLE
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