

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- 189-219750000

County Stevens

SW - NE - SE Sec. 27 Twp. 32S Rge. 37 X W ^E

1425 Feet from S/N (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 SW (circle one)

Lease Name Madden #1 Unit Well # 3

Field Name Hugoton

Producing Formation Chase

Elevation: Ground 3138 KB 3147

Total Depth 2946 PBDT 2915

Amount of Surface Pipe Set and Cemented at 679 Feet

Multiple Stage Cementing Collar Used? Yes X No

If yes, show depth set NA Feet

If Alternate II completion, cement circulated from NA

feet depth to NA w/ NA sx cmt.

Drilling Fluid Management Plan alt I 3-26-96
(Data must be collected from the Reserve Pit) Le

Chloride content 18,100 ppm Fluid volume 560 bbls

Dewatering method used Waste Minimization Mud System

Location of fluid disposal if hauled offsite:

420 bbls Hill #3

140 bbls Creamer #1

Operator Name Mobil Oil Corporation

C. W. Creamer #1 SWDW

Lease Name Hill #3 SWDW License No. 5208

NE 23 34 37

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

Stevens D-19,411

Stevens Docket No. CD-117710

Operator: License # 5208

Name: Mobil Oil Corporation

Address P.O. Box 2173

2319 North Kansas Avenue

City/State/Zip Liberal, KS 67905-2173

Purchaser: Spot Market

Operator Contact Person: Sharon Cook

Phone (316) 626-1142

Contractor: Name: Murfin Drilling Co., Inc.

License: 30606

Wellsite Geologist: L. J. Reimer

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:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

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

8-22-95 8-25-95 9-21-95
Spud Date Date Reached TD Completion Date

STATE CORPORATION COMMISSION RECEIVED
NOV 13 1995
KANSAS COUNTY

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 12-11-95

Subscribed and sworn to before me this 11th day of December, 19 95.

Notary Public Dana S. Bailey

Date Commission Expires August 30, 1999
5-238.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
DANA S. BAILEY
My Appl. Exp. 8-30-99

Operator Name Mobil Oil Corporation Lease Name Madden #1 Unit Well # 3

Sec. 27 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Attach Additional Sheets.) 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy.) List All E.Logs Run: Array Induction Shallow Focused Electric Log Compensated Neutron Compensated Photo-Density Spectral Gamma Ray	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datums <input type="checkbox"/> Sample <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;">Name</th> <th style="width:20%;">Top</th> <th style="width:20%;">Datum</th> </tr> </thead> <tbody> <tr> <td>Glorietta</td> <td>1254</td> <td>1415</td> </tr> <tr> <td>Stone Corral</td> <td>1721</td> <td>1776</td> </tr> <tr> <td>Chase</td> <td>2581</td> <td>2913</td> </tr> <tr> <td>Council Grove</td> <td>2913</td> <td>--</td> </tr> </tbody> </table>	Name	Top	Datum	Glorietta	1254	1415	Stone Corral	1721	1776	Chase	2581	2913	Council Grove	2913	--
Name	Top	Datum														
Glorietta	1254	1415														
Stone Corral	1721	1776														
Chase	2581	2913														
Council Grove	2913	--														

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#	679	Class C Class C	215 175	50:50 C/poz 50:50 C/poz
Production Casing	7.875	5.500	14#	2941	Class C Class C	340 150	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	2610-20	2802-12	Acid: 1,000 gals 7.5% HCL
	2649-59		Fract: 1,000 bbls 20# Crosslink gel	
	2691-2706		143,501 lbs 12/20 Brady Sand	
	2758-78			

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. 9-21-95		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 281	Water Bbls.	Gas-Oil Ratio Gravity

Disposition of Gas: METHOD OF COMPLETION Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled 2610

(If vented, submit ACO-18.) Other (Specify) _____ 2812

CEMENTING SERVICE REPORT

Schlumberger

Dowell

DOWELL SCHLUMBERGER INCORPORATED

TREATMENT NUMBER	DATE
STAGE	DISTRICT

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

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

NAME	AND	ADDRESS	ZIP CODE
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ORIGINAL

SPECIAL INSTRUCTIONS	IS CASING/TUBING SECURED?	LIFT PRESSURE	PSI	CASING WEIGHT + SURFACE AREA	(3.14 x R ²)
	<input type="checkbox"/> YES <input type="checkbox"/> NO	PRESSURE LIMIT	PSI	BUMP PLUG TO	PSI

ROTATE	RPM	RECIPROCATE	FT	No. of Centralizers
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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
0001 to 2400									
23:04		250				H2O	11		
23:11		250	26		5.9	11	11		
23:16		240	69	26	5.9	11	11		
23:27		230	77	95	5.7	11	11		
23:34		240		1:2	5.9				
23:35		50	405		5.9	H2O	11		
23:35		240		13	5.9	11	11		
23:41		350		30	5.7	11	11		
23:41		230		32	2	11	11		
23:45		440		405	2	11	11		
23:47		270							

STATE RECEIVED CORPORATION COMMISSION
DEC 7 3 1995
WICHITA

REMARKS

SYSTEM CODE	NO. OF SACKS	YIELD CU. FT/SK	COMPOSITION OF CEMENTING SYSTEMS				SLURRY MIXED	
			BLS	DENSITY	BLS	DENSITY		
1.	215	1.29				69	12.9	
2.								
3.	175	1.2				37	14.6	
4.								
5.								
6.								

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

7414

DATE

8-25

STAGE

DS

DISTRICT

GLYSSES

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

WELL NAME AND NO. Madden #1-3		LOCATION (LEGAL) SEC 27-32S-37W		RIG NAME: Mud Fin 24	
FIELD-POOL Hugoton		FORMATION		WELL DATA:	
COUNTY/PARISH STEUBENS		STATE Kansas		API. NO.	
NAME MOB.L		MUD TYPE		GRADE	
AND		MUD DENSITY		LESS FOOTAGE SHOE JOINT(S)	
ADDRESS		MUD VISC.		Disp. Capacity	
ZIP CODE		TOTAL		71.2	

ORIGINAL

SPECIAL INSTRUCTIONS Safely Cont Production C19 PER		CUSTOMERS INSTRUCTIONS	
IS CASING/TUBING SECURED? <input type="checkbox"/> YES <input type="checkbox"/> NO		HEAD & PLUGS	
LIFT PRESSURE 1739 PSI		CASING WEIGHT SURFACE AREA (3.14 x R ²)	
PRESSURE LIMIT 1330 PSI		BUMP PLUG TO 1330 PSI	
ROTATE RPM RECIPROCATE FT No. of Centralizers		TOOL TYPE DEPTH	

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											
1149	2500										
1151		140	25		5	H2O	8.32				
1156		200	167	25	5	CMT	11.5				
1229		120	37	192	5	CMT	14.8				
1236		-		229							
1238		-		229							
1239				229							
1240			71.2	229	6	H2O	8.32				
1244		1600		24	1						
1252		600		62	2						
1254		700		71.2							
1255		1330		71.2							

RECEIVED STATE CORPORATION COMMISSION
DEL 137595

REMARKS

SYSTEM CODE	NO. OF SACKS	YIELD CU. FT/SK	COMPOSITION OF CEMENTING SYSTEMS		SLURRY MIXED	
					BBLs	DENSITY
1.	340	2.75	Class C + 3% D79 + 0.2% D46 + 1/4 #13K D-29		167	11.5
2.						
3.	150	1.37	Class C + 2% B28 + 0.6% D100 + 2% 5T + 0.2% D46		37	14.8
4.						
5.						
6.						

BREAKDOWN/FLUID TYPE		VOLUME		DENSITY		PRESSURE		MAX.		MIN:	
<input type="checkbox"/> HESITATION SQ.		<input type="checkbox"/> RUNNING SQ.		CIRCULATION LOST		<input type="checkbox"/> YES <input type="checkbox"/> NO		Cement Circulated To Surf.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
BREAKDOWN		PSI FINAL		PSI		DISPLACEMENT VOL.		Bbls		TYPE OF WELL	
Washed Thru Perfs		<input type="checkbox"/> YES <input type="checkbox"/> NO		TO FT.		MEASURED DISPLACEMENT		<input type="checkbox"/> WIRELINE		<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	
PERFORATIONS				CUSTOMER REPRESENTATIVE				DS SUPERVISOR			
TO TO				Dennis Russel				Greg Greenick			