

MUST BE TYPED

SIDE ONE

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- 189-21172-00-01

County Stevens
- SW - SW - SW Sec. 14 Twp. 34S Rge. 38 X W E

Operator: License # 5208

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

Name: Mobil Oil Corporation

650 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 Beaver #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 3205 KB. 3217

Phone (316) 626-1142

Total Depth 6800 PBDT 3080

Contractor: Name: Best Well Service

Amount of Surface Pipe Set and Cemented at 1765 Feet

License: _____

Multiple Stage Cementing Collar Used? _____ Yes X No

Hellsite Geologist: L. J. Reimer

If yes, show depth set NA Feet

Designate Type of Completion

If Alternate II completion, cement circulated from NA

_____ New Well _____ Re-Entry X 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 / DPW
(Data must be collected from the Reserve Pit) 1-29-86

If Workover: WLE: 163, 574-C (C-24108)

Chloride content NA ppm Fluid volume NA bbls

Operator: Mobil Oil Corporation

Dewatering method used Waste Minimization Mud System

Well Name: Beavers #1 Unit #3

Location of fluid disposal if hauled offsite:

Comp. Date 4/8/88 Old Total Depth 6800

Operator Name Mobil Oil Corporation

_____ Deepening _____ Re-perf. _____ Conv. to Inj/SWD

X Plug Back 3080 PBDT

_____ Commingled _____ Docket No. _____

_____ Dual Completion _____ Docket No. _____

_____ Other (SWD or Inj?) _____ Docket No. _____

Lease Name NA License No. 5208

NA Quarter Sec. _____ Twp. _____ S Rng. _____ E/W

2-4-95 _____ 2-22-95 _____

Spud Date _____ Date Reached TD _____ Completion Date _____

County NA Docket No. NA

Commenced Recompletion _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, 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 4/12/95

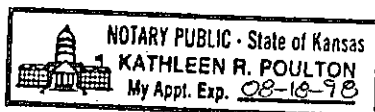
Subscribed and sworn to before me this 13th day of April, 1995.

Notary Public: Kathleen R. Poulton

Date Commission Expires August 18, 1998

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	_____ SWD/Rep
_____	KGS	_____ Plug
_____		_____ NGPA
_____		_____ Other
(Specify)		

5-91.kcc



Form ACO-1 (7-91)

SIDE TWO

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

Sec. 14 Twp. 34S Rge. 38 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 CHANGE)

Log Sample
Formation (Top), Depth and Datums
 Name Top Datum
 (NO CHANGE)

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
NO CHANGE							

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 JSPF	2674-2705	Acid: 1,000 gals 7.5% HCL	
	2745-60	Frac'd: 33,000 gals 15# Crosslink Gel -126,000 lbs 12/20 sand-	
	2798-2830		
	2847-57		

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)			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity		
		343					

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Conmingled Other (Specify) _____

Production Interval _____ 2674 _____ 2857 _____

