

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- 189-203900001

County Stevens

NE NE NE Sec. 36 Twp. 34S Rge. 37 EW

330 Feet from S (circle one) Line of Section

330 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 Gooch #1 Unit Well # 2

Field Name Hugoton

Producing Formation Chase

Elevation: Ground 3097 KB 3107

Total Depth 6850 PBDT 3079

Amount of Surface Pipe Set and Cemented at 665 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 REWORK 97 4-10-97  
(Data must be collected from the Reserve Pit)

Chloride content NA ppm Fluid volume NA bbls

Dewatering method used \_\_\_\_\_

Location of fluid disposal if hauled offsite: \_\_\_\_\_

Operator Name NA

Lease Name \_\_\_\_\_ License No. \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. Rng. \_\_\_\_\_ E/W \_\_\_\_\_

County \_\_\_\_\_ Docket No. \_\_\_\_\_

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: Best Well Service

License: \_\_\_\_\_

Wellsite Geologist: L. J. Reimer

Designate Type of Completion  
\_\_\_\_\_ New Well \_\_\_\_\_ Re-Entry X \_\_\_\_\_ Workover

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

If Workover:

Operator: Mobil Oil Corporation

Well Name: Gooch #1 Unit Well #2

Comp. Date 6-2-78 Old Total Depth 6850

\_\_\_\_\_ Deepening XXX Re-perf. \_\_\_\_\_ Conv. to Inj/SWD  
X \_\_\_\_\_ Plug Back 3079 PBDT  
\_\_\_\_\_ Commingled \_\_\_\_\_ Docket No. \_\_\_\_\_  
\_\_\_\_\_ Dual Completion \_\_\_\_\_ Docket No. \_\_\_\_\_  
\_\_\_\_\_ Other (SWD or Inj?) \_\_\_\_\_ Docket No. \_\_\_\_\_

11-6-96 12-4-96  
Spud Date Date Reached TD Completion Date  
Commenced Recompletion

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 Asst. Date 1-22-97

Subscribed and sworn to before me this 22nd day of January,  
19 96.

Notary Public Kathleen R. Poulton

Date Commission Expires August 30, 1999  
7-12.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 Appl. Exp. 08-10-99

Operator Name Mobil Oil Corporation Lease Name Gooch #1 Unit Well # 2

Sec. 36 Twp. 34S Rge. 37  East County Stevens  West

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 (Attach Additional Sheets.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log Formation (Top), Depth and Datums	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No	NO CHANGE	
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
List All E.Logs Run:	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 checked="" type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	3079	Class H	400 sxs	Cmt retainer

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	2645-2650		Acid: 1,000 gals 7.5% HCL	
	2716-2736		Frac'd: 29,568 gals 20# Crosslink gel		
	2762-2782		131,240 lbs 12/20 Brady Sand		
	2814-2829	CIBP #6230			

TUBING RECORD		Size Removed	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj. 12-9-96		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	
		353				

Disposition of Gas:  Vented  Sold  Used on Lease  Open Hole  Perf.  Dually Comp.  Commingled 2645

(If vented, submit ACO-18.)  Other (Specify) \_\_\_\_\_ 2829