

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

MAR 11
CONFIDENTIAL

API NO. 15- 175-21,230-00-00
County Seward
S/2-SW - SW - Sec. 20 Twp. 34S Rge. 32 X E

Operator: License # 3988
Name: Slawson Exploration Company, Inc.
Address 621 N. Robinson, Suite 490
City/State/Zip Oklahoma City, OK 73102-6217

330 Feet from S/W (circle one) Line of Section
660 Feet from E/W (circle one) Line of Section

Purchaser:
Operator Contact Person: Steve Slawson
Phone (800) 333-5493
Contractor: Name: H-40 Drilling, Inc.
License: 30692
Wellsite Geologist: John Schlenz

Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)
Lease Name Nichols Well # 1-20
Field Name Evelyn-Condit East

Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

Producing Formation
Elevation: Ground 2,778' KB 2,790'
Total Depth 6,200' PBDT

If Workover/Re-Entry: old well info as follows:
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.
2-4-92 2-12-92 2/13/92
Spud Date Date Reached TD Completion Date

Amount of Surface Pipe Set and Cemented at 1,581 Feet
Multiple Stage Cementing Collar Used? Yes X No
If yes, show depth set Feet
If Alternate II completion, cement circulated from feet depth to w/ sx cmt.

Drilling Fluid Management Plan (Data must be collected from the Reserve Pit) *AIT DPA*
Chloride content 3127 ppm Fluid volume 8000 bbls
Dewatering method used *Evaporation*
Location of fluid disposal if hauled offsite:
Operator Name *3-15-1992*
Lease Name License No. 1994
Quarter Sec. Twp. S Rng. E/W
County Docket No. **FROM CONFIDENTIAL**

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 *[Signature]*
Title Division Operations Manager Date 3/11/92
Subscribed and sworn to before me this 11th day of March 19 92.
Notary Public *Mia A. Johnston*
Date Commission Expires September 13, 1994

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)

Operator Name Slawson Exploration Company, Inc. Lease Name Nichols Well # 1-20

Sec. 20 Twp. 34S Rge. 32 East West Seward County

CONFIDENTIAL

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.)

Name	Formation (Top), Depth and Datum		Sample
	Top	Datum	
Shale	0	2,320'	
Shale and Lime	2,320'	4,540'	
Lime and Shale	4,540'	4,800'	
Shale and Lime	4,800'	5,995'	
Lime and Shale	5,995'	6,150'	
Shale and Lime	6,150'	6,200'	
Rotary Total Depth		6,200'	

List All E.Logs Run: 45-60-90-120

DST #1 - 5977'-6075'. 1st open BOB in 1 min, strong throughout, moderate blow on 2nd flow in 75 min. Rec 540' GIP, 60' mud, sample chamber all mud. HP 2979-2959#, IFP 83-83#, ISIP 176#, FFP 93-93#, FSIP 218#.

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	12-1/4"	8-5/8"	24#	1,581'	Lite Wt.	450	2 % cc
					Class A	150	2% cc

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		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)	Depth

TUBING RECORD Size Set At Packer At Liner Run Yes No

Date of First, Resumed Production, SWD or Inj. Producing Method Flowing Pumping Gas Lift Other (Explain)

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

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

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

Production Interval _____

ORIGINAL

AND PRE-TREATMENT DATA

MAR 1 1

ATTACH TO INVOICE & TICKET NO. 216380

DISTRICT: LISIENAL

CONFIDENTIAL DATE: 2-13-92

TO: HALLIBURTON SERVICES YOU ARE HEREBY REQUESTED TO FURNISH EQUIPMENT AND SERVICEMEN TO DELIVER AND OPERATE THE SAME AS AN INDEPENDENT CONTRACTOR TO: Atlan Drilling Company AND DELIVER AND SELL PRODUCTS, SUPPLIES, AND MATERIALS FOR THE PURPOSE OF SERVICING (CUSTOMER)

WELL NO. 1-20 LEASE Nichols SEC. 20 TWP. 34S RANGE 32W

FIELD COUNTY Seward STATE: Ks OWNED BY Slauson EXL.

THE FOLLOWING INFORMATION WAS FURNISHED BY THE CUSTOMER OR HIS AGENT

Table with columns: INFORMATION NAME, TYPE, FROM, TO, WEIGHT, SIZE, FROM, TO, MAX. ALLOW. P.B.L. Rows include CASING, LINER, TUBING, OPEN HOLE, PERFORATIONS.

PREVIOUS TREATMENT: DATE TYPE MATERIALS TREATMENT INSTRUCTIONS: TREAT THRU TUBING ANNULUS CASING TUBING/ANNULUS HYDRAULIC HORSEPOWER ORDERED

PTA w/235 SK - 100 SK 40/160 P02 W 620 TOTAL GEL @ 3420' - 50 SK @ 1600' - 50 SK @ 800' - 10 SK @ 40' - 15 SK RATHOLE - 10 SK Mouse Hole

RECEIVED

CUSTOMER OR HIS AGENT WARRANTS THE WELL IS IN PROPER CONDITION TO RECEIVE THE PRODUCTS, SUPPLIES, MATERIALS, AND SERVICES

As consideration, the above-named Customer agrees: THIS CONTRACT MUST BE SIGNED BEFORE WORK IS COMMENCED

- a) To pay Halliburton in accord with the rates and terms stated in Halliburton's current price list. Invoices are payable NET by the 20th of the following month after date of invoice.
b) To defend, indemnify, release and hold harmless Halliburton, its divisions, subsidiaries, parent and affiliated companies and the officers, directors, employees, agents and servants of all of them from and against any claims, liability, expenses, attorneys fees, and costs of defense to the extent permitted by law.
c) That because of the uncertainty of variable well conditions and the necessity of relying on facts and supporting services furnished by others, Halliburton is unable to...
d) That Halliburton warrants only title to the products, supplies and materials and that the same are free from defects in workmanship and materials.
e) That Customer shall, at its risk and expense, attempt to recover any Halliburton equipment, tools or instruments which are lost in the well and if such equipment, tools or instruments are not recovered, Customer shall pay Halliburton its replacement cost unless such loss is due to the sole negligence of Halliburton.
f) To waive the provisions of the Deceptive Trade Practices - Consumer Protection Act, to the extent permitted by law.
g) That this contract shall be governed by the law of the state where services are performed or materials are furnished.
h) That Halliburton shall not be bound by any changes or modifications in this contract, except where such change or modification is made in writing by a duly authorized executive officer of Halliburton.

RELEASED APR 7 1994 FROM CONFIDENTIAL

I HAVE READ AND UNDERSTAND THIS CONTRACT AND REPRESENT THAT I AM AUTHORIZED TO SIGN THE SAME AS CUSTOMER'S AGENT.

SIGNED Mark L. Hughes CUSTOMER

DATE 2-13-92

TIME 1830 A.M. P.M.

ORIGINAL

WELL DATA

MAR 11

FIELD: _____ SEC. 20 TWP. 34S RNG. 32W COUNTY SEWARD STATE KS

FORMATION NAME _____ TYPE _____

FORMATION THICKNESS _____ FROM _____ TO _____

INITIAL PROD. OIL _____ BPD. WATER _____ BPD. GAS _____ MCFD

PRESENT PROD. OIL _____ BPD. WATER _____ BPD. GAS _____ MCFD

COMPLETION DATE _____ MUD TYPE _____ MUD WT. _____

PACKER TYPE _____ SET AT _____

BOTTOM HOLE TEMP. _____ PRESSURE _____

MISC. DATA _____ TOTAL DEPTH _____

NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
U	24	8 5/8	KB	1600+	

JOB DATA

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR		
FLOAT SHOE		
GUIDE SHOE		
CENTRALIZERS		
BOTTOM PLUG		
TOP PLUG		
HEAD		
PACKER		
OTHER		

CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE 2-13 TIME 1500	DATE 2-13 TIME 1745	DATE 2-13 TIME 1840	DATE 2-13 TIME 2300

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
Kinsinger	01393	LIBERAL
Poyer	48120	118
LAY	D9259	HUSTON

MATERIALS

TREAT. FLUID _____ DENSITY _____ LB/GAL-API

DISPL. FLUID _____ DENSITY _____ LB/GAL-API

PROP. TYPE _____ SIZE _____ LB

PROP. TYPE _____ SIZE _____ LB

ACID TYPE _____ GAL

ACID TYPE _____ GAL

ACID TYPE _____ GAL

SURFACTANT TYPE _____ GAL _____ IN

NE AGENT TYPE _____ GAL _____ IN

FLUID LOSS ADD. TYPE _____ GAL-LB _____ IN

GELLING AGENT TYPE _____ GAL-LB _____ IN

FRIC. RED. AGENT TYPE _____ GAL-LB _____ IN

BREAKER TYPE _____ GAL-LB _____ IN

BLOCKING AGENT TYPE _____ GAL-LB _____ IN

PERFPAC BALLS TYPE _____ QTY. _____

OTHER _____

OTHER _____

DEPARTMENT: CMC

DESCRIPTION OF JOB: PTA w/ 235 SC 40/60 P02 w/ 6% TOTAL GEL

JOB DONE THRU: TUBING CASING ANNULUS TBG/ANN.

CUSTOMER REPRESENTATIVE: X. Noel L. High

HALLIBURTON OPERATOR: KINSINGER

COPIES REQUESTED: _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LB5/GAL
1	100	40/60 P02		B	6% TOTAL GEL	1.57	15.37
2	50						
3	50						
4	10						
5	15						
6	10						

SUMMARY

CIRCULATING _____ DISPLACEMENT _____ PRESLUSH: BBL-GAL _____ TYPE _____

BREAKDOWN _____ MAXIMUM _____ LOAD & BKDN: BBL-GAL _____ PAD: BBL-GAL _____

AVERAGE _____ FRACTURE GRADIENT _____ TREATMENT: BBL-GAL _____ DISPL: BBL-GAL _____

SHUT-IN: INSTANT _____ 5-MIN. _____ 15-MIN. _____ CEMENT SLURRY: BBL-GAL _____ 66

ORDERED _____ AVAILABLE _____ USED _____ TOTAL VOLUME: BBL-GAL _____

TREATING _____ DISPL _____ OVERALL _____

REMARKS

FEET: 350' REASON: PLUGS

CUSTOMER: Liberal Company Lease

WELL NO: 1-20

JOB TYPE: PTA

DATE: 2-13-92