FORM 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

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: Key Energy

License: 232443

Wellsite Geologist: L. J. Reimer

RECEIVED
STATE CORPORATION COMMISSION
MAR 25 1999
CONSERVATION DIVISION
Wichita, Kansas

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:

Comp. Date _____ Old Total Depth _____

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

5-12-30 6-25-30 _____
Spud Date Date Reached TD Completion Date
PU Installed 3-4-99 Compl. Date 3-10-99

API NO. 15- 129-00308-0001

County Morton

___ E
___ - ___ - C - NW Sec. 25 Twp. 33 Rge. 40 _X_ W

1320 Feet from S/(N) (circle one) Line of Section

1320 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 Chambers Well # 1

Field Name Hugoton

Producing Formation Chase

Elevation: Ground _____ KB _____

Total Depth 2853 PBTD 2655

Amount of Surface Pipe Set and Cemented at 668 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 OWWO, 3-26-99 V.C.
(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. _____

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 3-24-99

Subscribed and sworn to before me this 24 day of March, 19 99.

Notary Public Lynn K. Hunt

Date Commission Expires February 20, 2001

LYNN K. HUNT
NOTARY PUBLIC
STATE OF COLORADO
My Appt. Exp. 2-20-01

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)

Form ACO-1 (7-91)

ORIGINAL

SIDE TWO

Operator Name Mobil Oil Corporation Lease Name Chambers Well # 1

Sec. 25 Twp. 33 Rge. 40 ☐ East ☐ West County Morton

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.) ☐ Yes ☐ No

Samples Sent to Geological Survey ☐ Yes ☐ No

Cores Taken ☐ Yes ☐ No

Electric Log Run (Submit Copy.) ☐ Yes ☐ No

List All E.Logs Run:

NO CHANGE

☐ Log Formation (Top), Depth and Datums ☐ Sample

Name Top Datum

NO CHANGE

CASING RECORD ☐ New ☐ 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	Depth Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
___ Perforate ___ Protect Casing ___ Plug Back TD ___ 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
NO CHANGE			

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2 3/8"	2630	No	[X] Yes ☐ No

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

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

Disposition of Gas:

☐ Vented [X] Sold ☐ Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION

☐ Open Hole [X] Perf. ☐ Dually Comp. ☐ Commingled

☐ Other (Specify)

Production Interval

