

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

Operator: License # 07123

Name: HI INC.

Address P.O. BOX 2526

City/State/Zip LIBERAL, KS. 67905-2526

Purchaser: TIMBERLAND

Operator Contact Person: David Box

Phone (316) 624-8484

Contractor: Name: Norseman Drlg.

License: 3779

Wellsite Geologist: none

Designate Type of Completion
 New Well Re-Entry Workover

Oil SWD SIOW Temp. Abd.
 Gas EMHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

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 PSTD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

5-28-98 6-8-98 6-24-98
Spud Date Date Reached TD Completion Date

APT NO. 15- 175-217330000

County Seward

NE SE NE Sec. 36 Twp. 34 Rge. 33 E

1650 Feet from SW (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 Box Well # 1-36

Field Name UNNAMED

Producing Formation MORROW

Elevation: Ground 2784' KB 2797'

Total Depth 6623.27' PSTD 6623'

Amount of Surface Pipe Set and Cemented at 1572' Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan Att. 1 No spud call
(Data must be collected from the Reserve Pit) 11-18-98 U.C.

Chloride content 2100 ppm Fluid volume 2200 bbls

Dewatering method used natural evaporation

Location of fluid disposal if hauled offsite: _____

Operator Name _____

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, 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 Harold E. Boy

Title ASSOCIATE Date 10-22-98

Subscribed and sworn to before me this 21st day of October, 19 98.

Notary Public Karlis J. Cox

Date Commission Expires 1-1-2002

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
 KCC SWD/Rep NGPA
 KCS Plug Other (Specify)

A **KARLISS J. COX**
Notary Public - State of Kansas
My Appt. Expires 1-1-2002

JAN 10 1990
 Operator Name HI, INC

SIDE TWO
 Lease Name BOX Well # 1-36
 County SEWARD

Sec. 36 Twp. 34 Rge. 33
 East
 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No	HEEBNER	4345	-1578
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	TORONTO	4385	-1588
List All E.Logs Run:		LANSING	4516	-1719
NEUTRON LOG		KANSAS CITY	4996	-2199
INDUCTION LOG		MARMATION	5220	-2423
CEMENT BOND LOG		OSWEGO	5452	-2655
		MORROW	5844	-3047
		CHESTER	6086	-3289
		ST. GEN.	6400	-3603
		ST. LOUIS	6520	-3723

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
Surface	12 1/4	8 5/8	24	1572	premium plus	500	flocele 8%
Production	7 7/8	5 1/2	1550	6623	pozmix	345	".75%

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
4	6545to 6555 Bridge plug set	1000 gal hydrochloric acid	6480'
4	6380to 6392 " "	1000 " FE acid	" 6330'
3	6038to 6050	1000 " FE acid, frac co	2/35,000#
			sand

TUBING RECORD

Size	Set At	Packer At	Liner Run
2 3/8	6026'		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumed Production, SWD or Inj. 8-13-98
 Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity
			250			.30		

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 _____

OPERATOR : HI Inc.
 WELL NAME: Box 1-36
 LOCATION : 36-34s-33w Seward KS
 INTERVAL : 6054.00 To 6130.00 ft

DATE 6-6-98
 KB 2797.00 ft TICKET NO: 10676 DST #1
 GR 2784.00 ft FORMATION: morrow
 TD 6130.00 ft TEST TYPE: CONVENTIONAL

RECORDER DATA

Mins	Field	1	2	3	4	TIME DATA
PF 30 Rec.	10333	10333	3026			PF Fr. 0531 to 0601 hr
SI 60 Range (Psi)	4050.0	4050.0	4995.0	0.0	0.0	IS Fr. 0601 to 0701 hr
SF 45 Clock (hrs)	12hr	12hr	elect			SF Fr. 0701 to 0746 hr
FS 90 Depth (ft)	6130.0	6130.0	6057.0	0.0	0.0	FS Fr. 0746 to 0916 hr

	Field	1	2	3	4	
A. Init Hydro	2926.0	2951.0	2962.0	0.0	0.0	T STARTED 0300 hr
B. First Flow	152.0	153.0	68.0	0.0	0.0	T ON BOTM 0529 hr
B1. Final Flow	172.0	172.0	144.0	0.0	0.0	T OPEN 0531 hr
C. In Shut-in	945.0	953.0	966.0	0.0	0.0	T PULLED 0916 hr
D. Init Flow	142.0	152.0	134.0	0.0	0.0	T OUT 1200 hr
E. Final Flow	223.0	165.0	237.0	0.0	0.0	
F. Fl Shut-in	1446.0	1456.0	1472.0	0.0	0.0	TOOL DATA
G. Final Hydro	2712.0	2736.0	2744.0	0.0	0.0	Tool Wt. 1300.00 lbs
Inside/Outside	0	0	I			Wt Set On Packer 24000.00 lbs

RECOVERY

Tot Fluid 30.00 ft of 30.00 ft in DC and 0.00 ft in DP
 30.00 ft of mud 100%
 0.00 ft of
 0.00 ft of
 0.00 ft of
 0.00 ft of
 0.00 ft of
 0.00 ft of

SALINITY 0.00 P.P.M. A.P.I. Gravity 0.00

BLOW DESCRIPTION

Initial Flow:
 Fair blow bottom of bucket in 4 mins.
 Initial Shut-in:
 No blow back
 Final Flow:
 Strong blow bottom of bucket as soon as open
 Final Shut-in:
 No blow back

SAMPLES:
 SENT TO:

MUD DATA

Mud Type chemical
 Weight 8.90 lb/c
 Vis. 45.00 S/L
 W.L. 9.40 in3
 F.C. 0.00 in
 Mud Drop Y 20.0 ft

Amt. of fill 0.00 ft
 Btm. H. Temp. 131.00 F
 Hole Condition good
 % Porosity 8.00
 Packer Size 6.75 in
 No. of Packers 2
 Cushion Amt. 0.00
 Cushion Type
 Reversed Out N
 Tool Chased N
 Tester Scott Bugbee
 Co. Rep. Tim Hedrick
 Contr. Norseman
 Rig # 4
 Unit #
 Pump T.

Test Successful: Y



JOB SUMMARY

TICKET # 382862 TICKET DATE 5-29-98

REGION <u>North America</u>		HW/COUNTRY <u>Mid Cont USA</u>		BOA/STATE <u>KS</u>	COUNTY <u>Seward</u>
HEB EMP # <u>L10110</u>		EMPLOYEE NAME <u>Nick Korbe</u>		P&L DEPARTMENT <u>Z1</u>	
LOCATION <u>Liberal</u>		COMPANY <u>H I Inc</u>		CUSTOMER REP / PHONE <u>Gene Box</u>	
TICKET AMOUNT		WELL TYPE <u>02</u>		API / UWI # <u>15-175-217330000</u>	
WELL LOCATION <u>SE of Liberal</u>		DEPARTMENT <u>cement</u>		JOB PURPOSE CODE <u>010</u>	
LEASE / WELL # <u>Box #1-36</u>		REC / TWG / RNG <u>36-345-33W</u>			

HEB EMP NAME/EMP#(EXPOSURE HOURS)	HRS	HEB EMP NAME/EMP#(EXPOSURE HOURS)	HRS	HEB EMP NAME/EMP#(EXPOSURE HOURS)	HRS	HEB EMP NAME/EMP#(EXPOSURE HOURS)	HRS
<u>N. Korbe</u> <u>H3115</u>							
<u>S. Tate</u> <u>E0568</u>							
<u>R. Ferguson</u> <u>J5602</u>							
<u>S. Telford</u> <u>H9817</u>							

HEB UNIT NUMBERS	RT MILES	HEB UNIT NUMBERS	RT MILES	HEB UNIT NUMBERS	RT MILES	HEB UNIT NUMBERS	RT MILES
<u>420095</u>	<u>12</u>						
<u>52947/754%</u>	<u>12</u>						
<u>52276/6610</u>	<u>72</u>						
<u>32823/6611</u>	<u>72</u>						

Form Name _____ Type _____
 Form Thickness _____ From _____ To _____
 Packer Type _____ Set At _____
 Bottom Hole Temp. _____ Pressure _____
 Mec. Date _____ Total Depth _____

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY	MAKE
Float Collar		
Float Shoe		
Guide Shoe		
Centralizers		
Bottom Plug		
Top Plug <u>5-6 7/8</u>	<u>1</u>	<u>Houco</u>
Head		
Packer		
Other		

MATERIALS

Treat Fluid	Density	Lb/Gal
Disp. Fluid	Density	Lb/Gal
Prop. Type	Size	Lb.
Prop. Type	Size	Lb.
Acid Type	Gal.	%
Acid Type	Gal.	%
Surfactant	Gal.	in
NE Agent	Gal.	in
Fluid Loss	Gal/Lb	in
Gelling Agent	Gal/Lb	in
Fric. Red.	Gal/Lb	in
Breaker	Gal/Lb	in
Blocking Agent	Gal/Lb	
Perpac Balls	Qty.	
Other		
Other		
Other		
Other		

DATE	CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
	<u>5-29-98</u>	<u>5-29-98</u>	<u>5-29-98</u>	<u>5-29-98</u>
TIME	<u>0800</u>	<u>1100</u>	<u>2000</u>	<u>2130</u>

WELL DATA

	NEW/USED	WEIGHT	SIZE	FROM	TO	MAX ALLOW
Casing	<u>N</u>	<u>23"</u>	<u>58'</u>	<u>0</u>	<u>1275</u>	<u>350</u>
Liner						
Liner						
Tbg/D.P.						
Tbg/D.P.						
Open Hole						SHOTS/FT.
Perforations						
Perforations						
Perforations						

HOURS ON LOCATION		OPERATING HOURS		DESCRIPTION OF JOB
DATE	HOURS	DATE	HOURS	
<u>5-29-98</u>	<u>2.5</u>	<u>5-29-98</u>	<u>2.5</u>	<u>010</u>
TOTAL		TOTAL		

ORDERED	HYDRAULIC HORSEPOWER	Used
	Avail.	
TREATED	AVERAGE RATES IN BPM	Overall
	Drip	
FEET <u>42'</u>	CEMENT LEFT IN PIPE	<u>sh j t</u>
	Reason	

CEMENT DATA

STAGE	BAGS	CEMENT	BULK/BSK	ADDITIVES	YIELD	LB/GAL
<u>1</u>	<u>350</u>	<u>Mudcan 11</u>	<u>B</u>	<u>2% Cl, 2% flocc, 4% flocc</u>	<u>3.25</u>	<u>11.1</u>
<u>2</u>	<u>150</u>	<u>Treat</u>	<u>B</u>	<u>2% Cl, 2% flocc, 4% flocc</u>	<u>1.32</u>	<u>14.8</u>

Circulating _____	Displacement _____	Preflush: _____	Gal - BBI _____	Type _____
Breakdown _____	Maximum _____	Load & Bkdn: _____	Gal - BBI _____	Pad: BBI, Gal _____
Average _____	Frac Gradient _____	Treatment _____	Gal - BBI _____	Disp: BBI, Gnt <u>78</u>
Shut In: Instant _____	5 Min _____	15 Min _____	Cement Slurr _____	Gal - BBI <u>237</u>
			Total Volume _____	Gal - BBI _____

Pre Ring #1 _____ Pre Ring #2 _____ Pre Ring #3 _____ Pre Ring #4 _____

THE INFORMATION STATED HEREIN IS CORRECT CUSTOMER'S REPRESENTATIVE SIGNATURE _____



JOB SUMMARY

TICKET #	234049	TICKET DATE	6-8-98
REGION	North America	DDA / STATE	KS
UNIT / EMP #	NA0102 86101	PER DEPARTMENT	5001
LOCATION	Liberal	CUSTOMER REP / PHONE	Gene Burt
SECRET AMOUNT	112 589872	API / UWI #	
WELL LOCATION	S.E. Liberal	JOB PURPOSE CODE	035
LEASE / WELL #	Blackmer Lease Prospect		

HW/COUNTRY	M30 Cont
EMPLOYEE NAME	Allen F. Worth
COMPANY	MT INC
WELL TYPE	01
DEPARTMENT	5001
SEC / TWP / RANG	26-24-33

HES EMP NAME/EMP#(EXPOSURE HOURS)	HRS	HES EMP NAME/EMP#(EXPOSURE HOURS)	HRS	HES EMP NAME/EMP#(EXPOSURE HOURS)	HRS	HES EMP NAME/EMP#(EXPOSURE HOURS)	HRS
Allen F. Worth 86101							
Don McInnis 63601							
Dusty Fulk 30763							

HES UNIT NUMBERS	RT MILES	HES UNIT NUMBERS	RT MILES	HES UNIT NUMBERS	RT MILES	HES UNIT NUMBERS	RT MILES
426674 P.U.	6						
52938-25054	6						
52920-2649 BK	30						

Form Name _____ Type: _____
 Form Thickness _____ From _____ To _____
 Packer Type _____ Set At _____
 Bottom Hole Temp. _____ Pressure _____
 Misc. Data _____ Total Depth 1630

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY	MAKE
Float Collar I EAF	1	Halliburton
Float Shoe		
Guide Shoe Reg 5/8	1	Halliburton
Centralizers S-L 5/8	10	Halliburton
Bottom Plug		
Top Plug S-wiper 5/8	1	Halliburton
Head		
Packer		
Other		

MATERIALS

Treat Fluid	Density	Lb/Gal
Disp. Fluid	Density	Lb/Gal
Prop. Type	Size	Lb.
Prop. Type	Size	Lb.
Acid Type	Gal.	%
Acid Type	Gal.	%
Surfactant	Gal.	In
NE Agent	Gal.	In
Fluid Loss	Gal/Lb	In
Gelling Agent	Gal/Lb	In
Fric. Red.	Gal/Lb	In
Breaker	Gal/Lb	In
Blocking Agent	Gal/Lb	
Perpac Balls	Qty.	
Other	10 SK Super Flush	
Other		
Other		

DATE	TIME	CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
6-8-98	1800	6-8-98	2130	6-9-98	1530
				6-9-98	0630

WELL DATA

NEW/USED	WEIGHT	SIZE	FROM	TO	MAX ALLOW
Casing	15.5	5 1/2	KB	6629	
Liner					
Liner					
Tbg/O.P.					
Tbg/O.P.					
Open Hole			1629	6630	SHOTS/FT.
Perforations					
Perforations					
Perforations					

HOURS ON LOCATION		OPERATING HOURS		DESCRIPTION OF JOB
DATE	HOURS	DATE	HOURS	
6-8-98	2 1/2	6-8-98	1	Set 5 1/2 L.S.
6-9-98	6 1/2	6-9-98	2	
TOTAL	9	TOTAL	3	

HYDRAULIC HORSEPOWER

ORDERED _____ Avail. _____ Used _____
 TREATED _____ AVERAGE RATES IN BPM _____ Overall _____
 FEET 27' CEMENT LEFT IN PIPE _____ Reason: Shoe Joint

CEMENT DATA

STAGE	SACKS	CEMENT	BULK/SKS	ADDITIVES	YIELD	LBS/GAL
	25	50-80px	BK	1/4 # Floccle, 25% H-372, 2% gel, 10% salt	6.19	10.00
	272	50-80px	BK	1/4 # Floccle, 10.3% H-372, 2% gel, 10% salt	1.29	14.56

Circulating _____	Displacement _____	Preflush: _____ Gal - BBI 10	Type Superfluid
Breakdown _____	Maximum _____	Load & Bkdn: _____ Gal - BBI	Pad: BBI - Gal
Average _____	Frac Gradient _____	Treatment _____ Gal - BBI	Disp: BBI Gal 157
Shut In: Instant _____	5 Min _____ 15 Min _____	Cement Slurr _____ Gal - BBI	
		Total Volume _____ Gal - BBI	

Frac Ring #1 _____ Frac Ring #2 _____ Frac Ring #3 _____ Frac Ring #4 _____

THE INFORMATION STATED HEREIN IS CORRECT

CUSTOMER'S REPRESENTATIVE SIGNATURE: *Gene Burt*