

SIDE ONE

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

Operator: License # 4742

Name: Texaco E & P, Inc.

Address P.O. Box 2700

City/State/Zip Pampa, TX 79066-2700

Purchaser: Williams Field Services

Operator Contact Person: Sylvia Porter

Phone (806) 669-8456

Contractor: Name: Allen Drilling Co.

License: 5418

Wellsite Geologist: Phil Schreiner

Designate Type of Completion

New Well Re-Entry Workover
 Oil SWD SLOW Temp. Abd.
 Gas ENHR 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 PBDT

Commingled Docket No. _____

Dual Completion Docket No. _____

Other (SWD or Inj?) Docket No. _____

10-27-95 11-1-95 11-20-95

Spud Date Date Reached TD Completion Date

API NO. 15- 15-189-21958-00-00

County Stevens

C, NW Sec. 34 Twp. 33s Rge. 35 X E

3960 Feet from S (circle one) Line of Section

3960 Feet from E (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
NE, S, NW or SW (circle one)

Lease Name T. Skinner Well # 34-2

Hugoton

Producing Formation Herrington, Krider, Winfield

Elevation: Ground 2982' KB 2992'

Total Depth 2900' PBDT 2849'

Amount of Surface Pipe Set and Cemented at 621' 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 ALT 1 294 4-1-96
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used _____

Location of fluid disposal if hauled offsite: _____

Operator Name 1-29-96

Lease Name _____ License No. _____

Quarter Sec. Twp. S. Rge. E/W

County _____ Docket No. 3

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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 Operations Manager Date 1-25-96

Subscribed and sworn to before me this 26th day of JANUARY 19 96

Notary Public Merle W. Russell

Date Commission Expires 2-23-99

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

Operator Name Texaco E & P Inc.

Lease Name T. Skinner

Well # 34-2

Sec. 34 Twp. 33S Rge. 35

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 (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:

Log Formation (Top), Depth and Datums Sample

Name Top Datum
See Attached

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#	621'	See Att.		
Production	7-7/8"	4-1/2"	10.5#	2899'	See Att.		

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose	Depth Top 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
1	2660 - 2678'	2500 Gal. 15% NGL w/29,000	
1	2690 - 2700'	Gal. 20# crosslinked gel,	
1	2725 - 2751'	w/135,000# 12/20 Brady Sand	
1	2778 - 2804'		

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2-3/8"	2796'		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First Resumed Production, SWD or Inj. Production	Producing Method
11-30-95	<input type="checkbox"/> Flowing <input checked="" 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
	0		334		0			

Disposition of Gas:	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, submit ACO-18.)	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perforation <input checked="" type="checkbox"/> Dually Completed <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify)	2660 - 2804'

ORIGINAL

T. SKINNER #34-2
API #15-189-21958
Section 34-33S-35W
Stevens County, Kansas

15-189-21958

Formation Tops and Datum
(KB Elevation +2992.0')

<u>Formation</u>	<u>Top</u>	<u>Datum</u>
Herrington	2660'	+332
Upper Krider	2690'	+302
Lower Krider	2725'	+267
Winfield	2778'	+214

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ORIGINAL

T. SKINNER #34-2
API #15-189-21958
Section 34-33S-35W
Stevens County, Kansas

Cementing Data

8-5/8" Surface Casing Cement - Dowell Schlumberger Inc. - Invoice #0312-7747
200 sacks 35/65 Poz/C, 6% D20, 2% S1, 1/4#/sk D29
150 sacks Class C, 2% S1, 1/4#/sk D29
Circulated 37.5 bbls to surface

4-1/2" Production Casing Cement - Dowell Schlumberger Inc. - Invoice #0312-7765
350 sacks Class C, 3% D79, 1/4#/sk D-29
200 sacks Class C, 1/4#/sk D-29
Circulated 57 bbls. to surface

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REMIT TO: P O BOX 201556
HOUSTON TX 77216

INVOICE

633668

TEXACO SERVICES INC 239382138

P O BOX 2700
PAMPA

TX 79066

ORIGINAL

PAGE

1

INVOICE NUMBER

93-12-747

TYPE SERVICE

CEMENTING
CEMENT SURFACE C

WELL NAME / JOB SITE	STATE	COUNTY / CITY	SERVICE FROM LOCATION	SHIPPED VIA	CUSTOMER P.O. NO./REF.
T. SKINNER	KS	STEVENS	ULYSSES	DOWELL	HBO 192081
LOCATION / PLANT ADDRESS			DATE OF SERVICE ORDER	CUSTOMER OR AUTHORIZED REPRESENTATIVE	
SEC 34-33S-35W			10/27/95	R. STEVENSON	

ITEM CODE	DESCRIPTION	UOM	QTY	LIST PRICE	LIST AMOUNT	% OFF	NET PRICE	NET AMOUNT
102871010	CSNG CMNT 501-1000' 1ST 8 HR	BHR	1	840.0000	840.00	60.0	336.0000	336.00
049102000	TRANSPORTATION CMNT TON MILE	MI	708	1.0000	708.00	60.0	.4000	283.20
049100000	SERVICE CHG CEMENT MATL LAND	CFT	302	1.3600	519.52	60.0	.5440	207.01
059200002	MILEAGE, ALL OTHER EQUIPMENT	MI	42	2.9500	123.90	60.0	1.1800	49.56
059697000	PACR TREAT ANALYSIS RECORDER	JOB	1	159.0000	159.00	60.0	63.6000	63.60
040003000	D903 , CEMENT CLASS C	CFT	281	9.0600	2,545.86	60.0	3.6240	1,018.34
101545000	D132 , LITEPOZ	CFT	70	4.3900	307.30	60.0	1.7560	122.92
045014050	D20, BENTONITE EXTENDER	LBS	1080	.1700	183.60	60.0	.0680	73.44
067005100	S1, CALCIUM CHLORIDE	LBS	638	.4000	255.20	60.0	.1600	102.08
044003025	D29, CELLOPHANE FLAKES	LBS	88	1.7700	155.76	60.0	.7080	62.30
056702085	PLUG CENG 8-5/8" TOP PLASTIC	EA	1	109.0000	109.00	60.0	43.6000	43.60
048601000	CEMENT HEAD RENTAL	JOB	1	70.0000	70.00	100.0	.0000	N/C
053003085	INSERT ORIFICE FILL 8-5/8"	EA	1	360.0000	360.00	60.0	144.0000	144.00
056011085	CENTR REG 8-5/8, B DIA 12"	EA	1	82.0000	82.00	60.0	32.8000	32.80
					6,419.14	60.4	SUB TOTAL --	2,539.65
M C	STATE TAX ON						1,882.68	92.26
M F C	LOCAL TAX ON						1,882.68	18.83
							AMOUNT DUE --	2,650.74

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WITH QUESTIONS CALL 316-356-1272

FEDERAL TAX ID # 22-1692661

TERMS -- NET 30 DAYS DUE ON OR BEFORE NOV 27, 1995

THANK YOU. WE APPRECIATE YOUR BUSINESS.

** WE CAN INVOICE YOU VIA EDI. CALL (713)275-8414 FOR INFORMATION **

CEMENTING SERVICE REPORT

Schlumberger
Dowell

DOWELL SCHLUMBERGER INCORPORATED

TREATMENT NUMBER **7747** DATE **10-28-95**
STAGE **1** DS **03** DISTRICT **12** **ULYSSES IKS.**

DS-496-A PRINTED IN U.S.A.

WELL NAME AND NO. **T. Skinner #2** LOCATION (LEGAL) **Sec. 34.335-35W**
FIELD-POOL **Hugoton** FORMATION **SURFACE**
COUNTY/PARISH **STEVENS** STATE **KS.** API. NO.

RIG NAME: **Allen Drilling Rig #2**
WELL DATA: BOTTOM TOP
BIT SIZE **8 5/8** CSG/Liner Size
TOTAL DEPTH **631** WEIGHT **24#**
 ROT CABLE FOOTAGE **625**
MUD TYPE GRADE
 BHST BHCT THREAD **8RD**
MUD DENSITY **585** LESS FOOTAGE SHOE JOINT(S)
MUD VISC. **37.2** Disp. Capacity

NAME **Texaco** AND
ADDRESS
ZIP CODE

SPECIAL INSTRUCTIONS
Safely Cement 8 5/8 SURFACE AS PER CUSTOMERS INSTRUCTIONS

IS CASING/TUBING SECURED? YES NO
LIFT PRESSURE **260** PSI CASING WEIGHT ÷ SURFACE AREA (3.14 x RP)
PRESSURE LIMIT **460** PSI BUMP PLUG TO **460** PSI
ROTATE RPM RECIPROCATATE FT No. of Centralizers

NOTE: Include Footage From Ground Level To Head In Disp. Capacity
Float TYPE **Auto-fill F/ASPER** TYPE
DEPTH **585** DEPTH
SHOE TYPE **TEXAS PATTERN** TYPE
DEPTH **625** DEPTH
Head & Plugs TBG D.P. SQUEEZE JOB
 Double SIZE
 Single WEIGHT TOOL TYPE
 Swage GRADE TAIL PIPE: SIZE DEPTH
 Knockoff THREAD TUBING VOLUME Bbls
TOP NEW USED CASING VOL. BELOW TOOL Bbls
BOT NEW USED DEPTH TOTAL Bbls
ANNUAL VOLUME Bbls

JOB SCHEDULED FOR TIME: DATE: **10-28-95** ARRIVE ON LOCATION TIME: **0100** DATE: **10-28-95** LEFT LOCATION TIME: DATE: **10-28-95**

TIME	PRESSURE		VOLUME PUMPED BBL		INJECT RATE	FLUID TYPE	FLUID DENSITY	SERVICE LOG DETAIL
	TBG OR D.P.	CASING	INCREMENT	CUM.				
0001 to 2400								
0500		1900				H2O 8.3		PRE-JOB SAFETY MEETING
05:03		20	10	-	6.0	" "		PRESS. TEST Lines
05:05		120	79	10	6.0	CMT 12.2		START H2O
05:20		150	36	89	5.4	CMT 14.8		START LEAD CMT.
05:27		10		115	-	H2O 8.3		START TAIL CMT.
05:27		10			5.4	" "		SHUT-DOWN
05:27		-			" "	" "		CMT TO SURF.
05:27		-	37.5		" "	" "		DROP TOP PLUG
05:37		160		29	2.0	" "		START disp.
05:40		130		34	" "	" "		Lower Rate
05:43		460		37.5	" "	" "		PSI CHECK
05:43		460		-	" "	" "		BUMP TOP PLUG
05:43		460		-	" "	" "		Bleed PRESS.-Check Float

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REMARKS

SYSTEM CODE	NO. OF SACKS	YIELD CU. FT/SK	COMPOSITION OF CEMENTING SYSTEMS		SLURRY MIXED	
					BBLs	DENSITY
1.	200	2.1	35/65 Poz/C + 6% D20 + 2% S-1 + 1/4#/SK D29		79	12.2
2.						
3.	150	1.32	C + 2% S-1 + 1/4#/SK D29		36	14.8
4.						
5.						
6.						

BREAKDOWN FLUID TYPE VOLUME DENSITY PRESSURE MAX. **1900** MIN. **10**
 HESITATION SQ. RUNNING SQ. CIRCULATION LOST YES NO Cement Circulated To Surf. YES NO **37.5** Bbls
BREAKDOWN PSI FINAL PSI DISPLACEMENT VOL. **37** Bbls TYPE OF WELL OIL STORAGE BRINE WATER GAS INJECTION WILDCAT **98 SKS**
Washed Thru Perfs. YES NO TO FT. MEASURED DISPLACEMENTS WIRELINE
PERFORATIONS TO TO TO TO CUSTOMER REPRESENTATIVE **R. STEVENSON** DS SUPERVISOR **Ret Pearson**

DOWELL

CUSTOMER

A DIVISION OF SCHLUMBERGER TECHNOLOGY CORPORATION

P.O. BOX 4378 HOUSTON, TEXAS 77210

OILFIELD SERVICES

Dowell Service Order Receipt & Invoice No. 0312-7765
 Dowell Service Location Name and Number Unisses, Kansas 0312

IMPORTANT
 SEE OTHER SIDE FOR TERMS & CONDITIONS
 ARRIVE LOCATION MO. DAY YR. TIME
11 1 95 20:00

CUSTOMER'S NAME TRX90
 ADDRESS _____
 CITY, STATE AND ZIP CODE _____

ORIGINAL

SERVICE ORDER I authorize work to begin per service instructions in accordance with terms and conditions printed on the reverse side of this form and/or attached to this form and represent that I have authority to accept and sign this order.

SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE
X Richard Newman

JOB COMPLETION MO. DAY YR. TIME
11 2 95 04:30

SERVICE RECEIPT I certify that the materials and services listed were received and all services performed in a workmanlike manner.

SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE
X Richard Newman

Dowell will furnish and Customer shall purchase materials and services required in the performance of the following SERVICE INSTRUCTIONS in accordance with the general terms and conditions as printed on the reverse side of this service order and/or attached to this service order. This service order is subject to alternative dispute resolution.

R. g up and Pump Cmt FOR 4 1/2 4/5 ASPER CUSTOMERS ORDERS

CUSTOMER NUMBER _____ CUSTOMER PO/CONTRACT NUMBER _____ TYPE SERVICE CODE _____ WORKOVER W NEW WELL N OTHER O AFE NUMBER _____

STATE Kansas CODE 15 COUNTY/PARISH Stevens CODE 189 CITY _____

WELL NAME AND NUMBER/JOB SITE T. Skinner #2 LOCATION NAME AND NUMBER/OFFSHORE PLATFORM SEC 34-335-35W

ACCOUNTING CODES _____ ROUND TRIP MILEAGE 84

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
102871-030	Cement Pumper	each	1	1390.00	1390.00
059200-002	M. legge on Pump	m. le	42	2.95	123.90
049100-000	Blending Charge	FT ³	573	1.36	779.28
049102-000	Delivery Charge	TON MILE	1125	1.00	1125.00
059697-000	PACK	each	1	159.00	159.00
"Materials"					
040003-000	0-903 - Class C Cement	FT ³	559	9.06	5064.54
045041-100	0-79 Extender	LB	988	1.44	1422.72
044003-025	0-29 Cello Flake	LB	138	1.77	244.26
"FLOAT Equipment"					
050101-044	Cement Nose Guide shoe	each	1	120.00	120.00
053003-044	Orifice Fill insert 1/2"	each	1	220.00	220.00
056011-044	Centralizers	each	3	58.00	174.00
056008-044	Cement Basket	each	1	162.00	162.00
057499-001	Thread Lock Kit	each	1	28.00	28.00
056702-044	1/2" TOP RUBBER PLUG	each	1	49.00	49.00
048607-000	Cement Head	each	1	70.00	70.00
SUB TOTAL					

Field Estimate # 11064.70

LICENSE/REIMBURSEMENT FEE _____

REMARKS: Thank You For Using Dowell !!
 STATE _____ % TAX ON \$ _____
 COUNTY _____ % TAX ON \$ _____
 CITY _____ % TAX ON \$ _____
 SIGNATURE OF DOWELL REPRESENTATIVE Ref Newman TOTAL \$ _____

CEMENTING SERVICE REPORT

Schlumberger

Dowell

DOWELL SCHLUMBERGER INCORPORATED

TREATMENT NUMBER 0312-7765 DATE 11-1-95
 STAGE DS DISTRICT Ulysses Kansas 0312

DS496-A PRINTED IN U.S.A.

WELL NAME AND NO. T. Skinner #2 LOCATION (LEGAL) Sec 34-33S-35W
 FIELD-POOL Hugoton FORMATION _____
 COUNTY/PARISH Stevens STATE Kansas API. NO. 189 15

RIG NAME: Allen #2
 WELL DATA: BIT SIZE 7 7/8 CSG/Liner Size 4 1/2 BOTTOM TOP
 TOTAL DEPTH _____ WEIGHT 10.5 #
 ROT CABLE FOOTAGE 2917
 MUD TYPE _____ GRADE U.S.
 BHST BHCT THREAD 8RD
 MUD DENSITY _____ LESS FOOTAGE SHOE JOINT(S) 2874 TOTAL
 MUD VISC. _____ Disp. Capacity 45.7

NAME Texaco Exp
 AND _____
 ADDRESS _____
 ZIP CODE _____

SPECIAL INSTRUCTIONS
Rig up and pump 350sks lead and 200sks TqL as per Company mess instruction

NOTE: Include Footage From Ground Level To Head In Disp. Capacity

Floor	TYPE	<u>AutoFill Ins.</u>	Stage Tool	TYPE	
	DEPTH	<u>2874</u>		DEPTH	
SHOE	TYPE	<u>CMT nose</u>	Stage Tool	TYPE	
	DEPTH	<u>2917</u>		DEPTH	

Head & Plugs TBG D.P. SQUEEZE JOB
 Double SIZE WEIGHT TAIL PIPE: SIZE DEPTH
 Single GRADE TUBING VOLUME
 Swage THREAD CASING VOL. BELOW TOOL
 Knockoff NEW USED TOTAL
 BOT OR W DEPTH ANNUAL VOLUME

IS CASING/TUBING SECURED? YES NO
 LIFT PRESSURE 1290 PSI CASING WEIGHT + SURFACE AREA (3.14 x R²)
 PRESSURE LIMIT 2000 PSI BUMP PLUG TO _____ PSI
 ROTATE RPM _____ RECIPROCATE _____ FT No. of Centralizers 3 + 6754

TIME	PRESSURE		VOLUME PUMPED BBL		JOB SCHEDULED FOR			ARRIVE ON LOCATION		LEFT LOCATION	
	TBG OR D.P.	CASING	INCREMENT	CUM	TIME	DATE	TIME	DATE	TIME	DATE	
0001 to 2400											
02:02		2000		X			H ₂ O	9.3			PRE-JOB SAFETY MEETING
02:54		60	17	X	6		"	"			PSI TEST
03:50		200	207	17	6		CMT	11.5			START + H ₂ O
04:32		200	407	221	6		CMT	14.8			START + LDCMT
04:40		280	487	262	6		"	"			START + TL CMT
04:41				269							CMT + TOSUI FACE
04:49		150	46				H ₂ O	9.3			SHUT DOWN + WASH TO PIT
04:03		370		46	2		"	"			START + D ₁ 4P
04:11		410		46	2		"	"			PSI CHECK
04:17											SHUT DOWN
											CHECK FLOAT

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REMARKS _____

SYSTEM CODE	NO. OF SACKS	YIELD CU. FT/SK	COMPOSITION OF CEMENTING SYSTEMS		SLURRY MIXED	
					BBL	DENSITY
1.	350	2.75	Class C + 370 D79 + 4 SK D-29		172	11.5
2.	200	1.32	Class C + 4 SK D-29		47	14.8
3.						
4.						
5.						
6.						

BREAKDOWN FLUID TYPE _____ VOLUME _____ DENSITY _____ PRESSURE _____ MAX. _____ MIN. _____
 HESITATION SQ. RUNNING SQ. CIRCULATION LOST YES NO Cement Circulated To Surf. YES NO 57 BBL Bbls.
 BREAKDOWN PSI _____ FINAL PSI _____ DISPLACEMENT VOL. 46 Bbls
 Washed Thru Perfs YES NO TO _____ FT. MEASURED DISPLACEMENT WIRELINE
 PERFORATIONS TO _____ TO _____ CUSTOMER REPRESENTATIVE Richard Stevenson DS SUPERVISOR Ray Pearson