

ORIGINAL

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RECEIVED KANSAS CORPORATION COMMISSION

AUG 15 1997

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 # 6593

Name: COASTAL OIL & GAS CORPORATION

Address 9 Greenway Plaza

#2751

City/State/Zip Houston, TX 77046

Purchaser: N/A

Operator Contact Person: DEBORAH MOORE

Phone (713) 877-7590

Contractor: Name: J.W. GIBSON WELL SERVICE

License:

Wellsite Geologist: WAYNE MAXWELL

Designate Type of Completion

- New Well Re-Entry X Workover Oil SWD SLOW XXX Temp. Abd. Gas ENHR SIGW Dry Other (Core, WSW, Expl., Cathodic, etc.)

If Workover/Re-Entry: old well info as follows:

Operator: COASTAL OIL & GAS CORPORATION

Well Name: STOOPS 1-7

Comp. Date 06/12/96 Old Total Depth 3400'

Deepening Re-perf. Conv. to Inj/SWD

X Plug Back 2890' PBD

Commingled Docket No.

Dual Completion Docket No.

Other (SWD or Inj?) Docket No.

07/24/97 07/24/97

Date of START Date Reached TD Completion Date of OF WORKOVER WORKOVER

INSTRUCTIONS: An Original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market, Room 2078, Wichita, Kansas 67202-1212, 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.

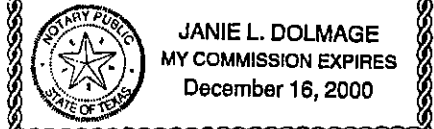
Signature Deborah Moore

Title Regulatory Analyst Date 8/13/97

Subscribed and sworn to before me this 13th day of August 1997

Notary Public Janie L. Dolmage

Date Commission Expires December 16, 2000



API NO. 15- 129-214410001

County MORTON CONSERVATION DIVISION WICHITA, KS E

SW Sec. 7 Twp. 32S Rge. 42 W W

1320 Feet from SYN (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 STOOPS Well # 1-7

GREENWOOD

Producing Formation NONE

Elevation: Ground 3606' KB

Total Depth 3400 PBD 2890'

Amount of Surface Pipe Set and Cemented at 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 Rework JK 8-19-97 (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

Lease Name License No.

Quarter Sec. Twp. S Rge. E/W

County Docket No.

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 COASTAL OIL & GAS CORPORATION Lease Name STOOPS Well # 1-7

Sec. 7 Twp. 32S Rge. 42 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.)	<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			
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E.Logs Run:				

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

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	2890/2900	Class "H"	2 sxs	none

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 SPF	3298-3298;3237-3241;3170-3191;3154-3163;		
2 SPF	3088-3093;3063-3069;3046-3050;2995-3004;		
2 SPF	2982-2985;2970-2976;		
	CIBS @ 2900		

TUBING RECORD	Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First Resumed Production, SWD or Inj. Production	Producing Method
	<input 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
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Disposition of Gas: Vented Sold Used on Lease Open Hole Perforation Dually Completed Commingled Other (Specify) _____

(If vented, submit ACO-18.)

