

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

API NO. 15- 189-205470001 ORIGINAL

County Stevens
- - C - NE Sec. 22 Twp. 33S Rge. 36 X W

Operator: License # 5208

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

Name: Mobil Oil Corporation

1321 Feet from E/W (circle one) Line of Section

Address P.O. Box 2173

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

2319 North Kansas Avenue

Lease Name Flower #1 Unit Well # 2

City/State/Zip Liberal, KS 67905-2173

Field Name Hugoton

Purchaser: Spot Market

Producing Formation Chase

Operator Contact Person: Sharon Cook

Elevation: Ground 3042 KB 3052

Phone (316) 626-1142

Total Depth 6284 PBDT 2990

Contractor: Name: Best Well Service

Amount of Surface Pipe Set and Cemented at 1763 Feet

License: _____

Multiple Stage Cementing Collar Used? _____ Yes X No

Wellsite Geologist: L. J. Reimer

If yes, show depth set NA Feet

Designate Type of Completion

If Alternate II completion, cement circulated from NA

 New Well Re-Entry X Workover

feet depth to NA w/ NA sx cmt.

 Oil SWD SLOW Temp. Abd.

X Gas ENHR SIGW

 Dry Other (Core, WSW, Expl., Cathodic, etc)

Drilling Fluid Management Plan REWORK 9/1 1-10-96
(Data must be collected from the Reserve Pit)

If Workover:

Chloride content NA ppm Fluid volume NA bbls

Operator: Mobil Oil Corporation

Dewatering method used _____

Well Name: Flower Unit #1 Well #2

Location of fluid disposal if hauled offsite:

Comp. Date 6-7-82 Old Total Depth 6284

 Deepening X Re-perf. Conv. to Inj/SWD

X Plug Back 3000' PBDT

 Commingled Docket No. _____

 Dual Completion Docket No. _____

 Other (SWD or Inj?) Docket No. _____

Operator Name NA

Lease Name _____ License No. _____

Quarter _____ Sec. _____ Twp. _____ S Rng. _____ E/W

County _____ Docket No. _____

10-21-95 11-25-95

Spud Date _____ Date Reached TD _____ Completion Date _____

Commenced Recompletion

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 1-5-96

Subscribed and sworn to before me this 5th day of January, 1996.

Notary Public Kathleen R. Poulton

Date Commission Expires August 18, 1998
6-15.kcc

K.C.C. OFFICE USE ONLY		
F	Letter of Confidentiality Attached	
C	Wireline Log Received	
C	Geologist Report Received	
Distribution		
<input checked="" type="checkbox"/>	KCC	<input type="checkbox"/> SWD/Rep
<input type="checkbox"/>	KGS	<input type="checkbox"/> Plug
		<input type="checkbox"/> NGPA
		<input type="checkbox"/> Other
		(Specify)

NOTARY PUBLIC - State of Kansas
KATHLEEN R. POULTON
My Appl. Exp. 08-19-98

SIDE TWO

Operator Name Mobil Oil Corporation Lease Name Flower #1 Unit Well # 2
 Sec. 22 Twp. 33S Rge. 36 East County Stevens
 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 type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NO CHANGE		
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
List All E.Logs Run:	NO CHANGE			

CASING RECORD <input 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
NO CHANGE							

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	6050	Class C	2 sx	None
<input checked="" type="checkbox"/> Plug Back TD	3000 2990-3000'	Class C	2 sx	None
<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)	
1 SPF	2666-72		Acid: 750 gals 7.5% HCL	
	2700-20		Fract: 142,500 lbs 12/20 Brady Sand	
	2750-65	CIBP @ 6050	950 bbls 20# Crosslink gel	
	2804-19	CIBP @ 3000		

TUBING RECORD	Size Set At Removed from wellbore	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj.	Producing Method <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
11-17-95			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls. Gas-Oil Ratio Gravity
		207	

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: _____ 2666- _____ 2819