

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: Norseman Drilling Inc.

License: 3779

Wellsite Geologist: L. J. Reimer

Designate Type of Completion

New Well  Re-Entry  Workover

Oil  SWD  S1OW  Temp. Abd.  
 Gas  ENHR  SIGW  
 Dry  Other (Core, WSW, Expl., Cathodic, etc)

If Workover:

Operator: \_\_\_\_\_

Well Name: \_\_\_\_\_

Comp. Date \_\_\_\_\_ Old Total Depth \_\_\_\_\_

Deepening  Re-perf.  Conv. to Inj/SWD  
 Plug Back  PBTB  
 Commingled  Docket No. \_\_\_\_\_  
 Dual Completion  Docket No. \_\_\_\_\_  
 Other (SWD or Inj?)  Docket No. \_\_\_\_\_

5-28-96 6-1-96 6-26-96  
Spud Date Date Reached TD Completion Date

API NO. 15- 189-220340000 ORIGINAL

County Stevens

SW - NE - NE Sec. 1 Twp. 33S Rge. 37 X W

1250 Feet from S/N (circle one) Line of Section

1250 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 Madden #1 Unit

Field Name Hugoton

Producing Formation Chase

Elevation: Ground 3081 KB 3090

Total Depth 2944

Amount of Surface Pipe Set and Cemented at 664 Feet

Multiple Stage Cementing Collar Used?  Yes  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 A.H. 1 12-31-99 U.C.  
(Data must be collected from the Reserve Pit)

Chloride content 2,500 ppm Fluid volume 495 bbls

Dewatering method used Waste Minimization Mud System

Location of fluid disposal if hauled offsite:

Operator Name Mobil Oil Corporation

Lease Name Hill #3 SWD License No. 5208

SW Quarter Sec. 3 Twp. 33 S Rng. 37 E/W

County Stevens Docket No. CD-117710

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 Assistant Date 8-6-96

Subscribed and sworn to before me this 6th day of August, 19 96.

Notary Public Dana S. Bailey

Date Commission Expires August 30, 1999

6-158.kcc

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



Operator Name Mobil Oil Corporation Lease Name Madden #1 Unit Well # 3

Sec. 1 Twp. 33S Rge. 37  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 checked="" 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	Glorietta	1228	1401
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Stone Corral	1693	1755
List All E.Logs Run: High Resolution Dual Induction Focused Log Gamma Ray Z-Densilog Compensated Neutron Spectralog Caliper Log Gamma Ray		Chase	2583	2918
		Council Grove	2918	--

CASING RECORD <input checked="" 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
Surface Casing	12.250	8.625	24#	664	Class C Class C	225 170	50:50 C/poz 50:50 C/poz
Production Casing	7.875	5.500	14#	2934	Class C Class C	140 75	3% D79 2% B28

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
1 SPF	2660-2675	Acid: 1,000 gals 7.5% HCL	
	2704-2714	Fracd: 27,000 gals 20# Crosslink gel	
	2764-2779	136,180 lbs 12/20 Brady Sand	
	2808-2818		

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj. 6-21-96	Producing Method <input checked="" 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 352 Mcf	Water Bbls.	Gas-Oil Ratio Gravity

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: \_\_\_\_\_ 2660 \_\_\_\_\_ 2818

CEMENTING SERVICE REPORT

Schlumberger  
Dowell

TREATMENT NUMBER 3-12-8381 DATE 5-29-96  
STAGE DS DISTRICT Ulysses, Ks.

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

WELL NAME AND NO. **Madden 1-3** LOCATION (LEGAL) **Sec. 1-335-37w** RIG NAME **Norseman #2**  
 FIELD/POOL **Stevens** STATE **Ks.** API. NO. **820** WELL DATA: BIT SIZE **12 1/4** CSG/Liner Size **8 3/8** BOTTOM **24** TOP **ORIGINAL**  
 COUNTY/PARISH **Stevens** STATE **Ks.** API. NO. **820** TOTAL DEPTH **1270** WEIGHT **24** FOOTAGE **666** MUD TYPE **USS55** GRADE **USS55**  
 NAME **Mobil Oil Corp** MUD DENSITY **4.2** LESS FOOTAGE SHOE JOINT(S) **42** MUD VISC. **39.7** Disp. Capacity **39.7**

NOTE: Include Footage From Ground Level To Head In Disp. Capacity  
 ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 SPECIAL INSTRUCTIONS \_\_\_\_\_

Head & Plugs  TBG  D.P. SQUEEZE JOB  
 Double  Single  Swage  Knockoff  TOP  BOT  R  W  NEW  USED  
 SIZE WEIGHT GRADE THREAD DEPTH TAIL PIPE: SIZE DEPTH TUBING VOLUME CASING VOL. BELOW TOOL TOTAL ANNUAL VOLUME  
 IS CASING/TUBING SECURED?  YES  NO  
 LIFT PRESSURE **274** PSI CASING WEIGHT - SURFACE AREA (3.14 x R<sup>2</sup>) **820** PSI  
 ROTATE RPM RECIPROCAT FT No. of Centralizers

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											
0437	1300										
0437	0		25		5.7	H2O					
0442	170		76		5.6	cmt	12.8				
0451	100		50		5.6	cmt	12.8				
0456	100		37		4	cmt	14.6				
0501	200		25		5.5	cmt	14.6				
0505	0							495			
0505	0		39.7		5.2	H2O					
0509	150		20		5.2	H2O					
0511	300		30		2.3						
0514	200		37		2.3						
0515	820		40		2.3						
0516											

RECEIVED  
KANSAS CORPORATION COMMISSION  
AUG 07 1996  
CONSERVATION DIVISION  
WICHITA, KS

REMARKS

SYSTEM CODE	NO. OF SACKS	YIELD CU. FT/SK	COMPOSITION OF CEMENTING SYSTEMS				SLURRY MIXED	
			BBL	DENSITY	BBL	DENSITY		
1.	225	1.89	50c Sopar + 6% gel + 3% each + 5% D44 + 1/4 #1029				75.7	12.8
2.								
3.	170	1.22	50c Sopar + 2.5% each + 1/4 #1029				36.9	14.6
4.								
5.								
6.								

BREAKDOWN FLUID TYPE  HESITATION SQ.  RUNNING SQ.  CIRCULATION LOST  YES  NO  
 PRESSURE MAX. **595** MIN. **20**  
 Cement Circulated To Surf.  YES  NO  
 BREAKDOWN PSI FINAL PSI DISPLACEMENT VOL. **39.7** Bbls  
 TYPE OF WELL  OIL  GAS  STORAGE  INJECTION  BRINE WATER  WILDCAT  
 Washed Thru Perfs  YES  NO TO FT. MEASURED DISPLACEMENT  WIRELINE  
 PERFORATIONS TO TO TO TO CUSTOMER REPRESENTATIVE **Marvin Harvey** DS SUPERVISOR **James Esquivel**

CEMENTING SERVICE REPORT

Schlumberger

Dowell

DOWELL SCHLUMBERGER INCORPORATED

TREATMENT NUMBER

DATE

3380

6-1-96

STAGE

DS

DISTRICT

1

03

12

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

WELL NAME AND NO. <i>Madison 1-3</i>		LOCATION (LEGAL) <i>SEC. 1-335-37W</i>		RIG NAME: <i>Woodsman 2</i>	
FIELD-POOL <i>Hugoton</i>		FORMATION <i>ch95e</i>		WELL DATA:	
COUNTY/PARISH <i>Stevens</i>		STATE <i>KS</i>		API. NO.	
NAME <i>MOBIL OIL CORP.</i>		BIT SIZE <i>7 7/8</i>		CSG/Liner Size <i>5 1/2</i>	
AND		TOTAL DEPTH <i>14</i>		WEIGHT <i>2939</i>	
ADDRESS		<input type="checkbox"/> ROT <input type="checkbox"/> CABLE		FOOTAGE <i>2939</i>	
ZIP CODE		MUD TYPE <input type="checkbox"/> BHST <input type="checkbox"/> BHCT		GRADE <i>U5550</i>	
SPECIAL INSTRUCTIONS		MUD DENSITY <i>2896</i>		LESS FOOTAGE SHOE JOINT(S) <i>70.7</i>	
<i>Safety cont 5 1/2 L/S 92 per customers orders</i>		MUD VISC. <i>70.7</i>		Disp. Capacity	
		NOTE: Include Footage From Ground Level To Head In Disp. Capacity		TOTAL	

ORIGINAL

IS CASING/TUBING SECURED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		LIFT PRESSURE <i>1700</i> PSI		CASING WEIGHT ÷ SURFACE AREA (3.14 × R <sup>2</sup> )	
PRESSURE LIMIT <i>2500</i> PSI		BUMP PLUG TO <i>1120</i> PSI		ROTATE RPM RECIPROCATATE FT No. of Centralizers	
HEAD & PLUGS		TOOL		SQUEEZE JOB	
<input type="checkbox"/> Double <input type="checkbox"/> Single		SIZE WEIGHT		TYPE DEPTH	
<input type="checkbox"/> Swage <input type="checkbox"/> Knockoff		GRADE THREAD		TAIL PIPE: SIZE DEPTH	
TOP <input type="checkbox"/> NEW <input type="checkbox"/> USED		DEPTH		TUBING VOLUME Bbls	
BOT <input type="checkbox"/> NEW <input type="checkbox"/> USED		DEPTH		TOTAL ANNUAL VOLUME Bbls	

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											
0709		2000	X				1120	8.3			PSI TEST
0711		150	25	X	4	11	11	11			start H2O
0718		150	70	25	4	CMT	14.5	11			LD CMT.
0737		90	18	95	4	CMT	14.8	11			TL CMT.
0741		150									Shut down wash to pit
0745		100					1120	8.3			Drop Plug
0746		100	70.7		6	11	11	11			start Disp
0754		320			54	6	11	11			PSI check
0759		510			61	6	11	11			Lower Rate
0756		360			62	2	11	11			PSI check
0800		550			70	2	11	11			PSI check
0802		1120			79.7	2	11	11			Bump Plug
0801											Bleedline check float Release Dowell

PRE-JOB SAFETY MEETING

SERVICE LOG DETAIL *12-31-99 U.C.*

SYSTEM CODE	NO. OF SACKS	YIELD CU. FT/SK	COMPOSITION OF CEMENTING SYSTEMS				SLURRY MIXED	
			BBLs	DENSITY	BBLs	DENSITY		
1.	140	2.75	C' + 3% O-79 + 0.28 P-46 + 1/4 SK P-29	70	11.5			
2.								
3.	75	1.37	C' + 28 B-28 + 28 S-1 + 0.68 P-60 + 0.28 O-46 + 1/4 SK P-29	18	14.8			
4.								
5.								
6.								

REMARKS

BREAKDOWN FLUID TYPE		VOLUME		DENSITY	PRESSURE	MAX.	MIN.
<input type="checkbox"/> HESITATION SQ.	<input type="checkbox"/> RUNNING SQ.	CIRCULATION LOST	<input type="checkbox"/> YES <input type="checkbox"/> NO	Cement Circulated To Surf.	<input type="checkbox"/> YES <input type="checkbox"/> NO		
BREAKDOWN	PSI FINAL	PSI	DISPLACEMENT VOL.	Bbls	TYPE OF WELL	<input type="checkbox"/> OIL <input type="checkbox"/> STORAGE <input type="checkbox"/> BRINE WATER	
Washed Thru Perfs	<input type="checkbox"/> YES <input type="checkbox"/> NO	TO	FT.	MEASURED DISPLACEMENT	<input type="checkbox"/> WIRELINE	<input type="checkbox"/> GAS <input type="checkbox"/> INJECTION <input type="checkbox"/> WILDCAT	
PERFORATIONS	TO	TO	CUSTOMER REPRESENTATIVE	DS	SUPERVISOR		

MAX. *1120* MIN. *80*

TO *TO*

CUSTOMER REPRESENTATIVE *MR MARVIA HARVEY*

DS SUPERVISOR *Ray Pearson*