

ORIGINAL

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

API NO. 15- 189-21860 -00-00

County Stevens  
- Approx. S/2 NE 20 Sec. 38 Twp. 33S Rge. 38 X E

Operator: License # 5208

2206 Feet from S/N (circle one) Line of Section

Name: Mobil Oil Corporation

1369 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 Farrar #1 Unit Well # 3

City/State/Zip Liberal, KS 67905-2173

Field Name Rugoton

Purchaser: Spot Market

Producing Formation Chase

Operator Contact Person: Sharon Cook

Elevation: Ground 3185 KB 3196

Phone (316) 626-1142

Total Depth 2879 PBDT 2825

Contractor: Name: Cheyenne Drilling

Amount of Surface Pipe Set and Cemented at 650 Feet

License: 5382

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

X New Well Re-Entry 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 ALT 1 094 11-17-95  
(Data must be collected from the Reserve Pit)

If Workover:

Chloride content 6000 ppm Fluid volume 493 bbls

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

Dewatering method used Waste Minimization Mud System

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

Location of fluid disposal if hauled offsite: \_\_\_\_\_

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.

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

1-12-95 1-15-95 2-15-95

Spud Date Date Reached TD Completion Date

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 reports 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

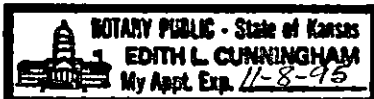
Title Regulatory Assistant Date 3-3-95

Subscribed and sworn to before me this 3 day of March, 1995.

Notary Public Edith L. Cunningham

Date Commission Expires November 8, 1995

5-74.kcc



MAR 06 1995  
K.C.C. OFFICE USE ONLY  
Letter of Confidentiality Attached C  
Wireline Log Received C  
Geologist Report Received C  
Distribution  
✓ KCC SWD/Rep NGPA  
KGS Plug Other  
(Specify)

Form ACO-1 (7-91)

3-6-95

SIDE TWO

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

Sec. 20 Twp. 33S Rge. 38  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  Yes  No  
 (Attach Additional Sheets.)  
 Samples Sent to Geological Survey  Yes  No  
 Cores Taken  Yes  No  
 Electric Log Run  Yes  No  
 (Submit Copy.)  
 List All E.Logs Run:  
 Dual Induction Focused Log - Gamma Ray Caliper  
 Z-Densilog Compensated Neutron Spectralog  
 Caliper Log - Gamma Ray

Name	Formation (Top), Depth and Datums		Sample
	Top	Datum	
Glorietta	1215	1369	
Stone Corral	1665	1722	
Chase	2485	2819	
Council Grove	2819	--	

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#	650	50/50 Poz Class C	175 sx 150 sx	50:50 C/poz 50:50 C/poz
Production Casing	7.875	5.500	14#	2869	Class C Class C	270 sx 150 sx	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	Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)	Depth
SEE ATTACHED WELL HISTORY			
1	2679'-2689' 2607'-2622' 2549'-2569'		
2	2717'-2727' 2656'-2666' 2516'-2521'		

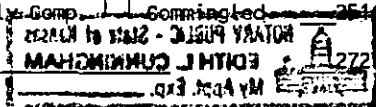
TUBING RECORD		Size	Set At	Packer At	Liner Run		
		None				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or Inj. 2-11-95			Producing Method <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)				
Estimated Production Per 24 Hours	Oil Bbls.	Gas 263 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.  Gravelled

Production Interval: \_\_\_\_\_

Other (Specify) \_\_\_\_\_





Well Data - Well History Report

2'(1 SPF), L.KRIDER: 2549'-69'(1 SPF), U  
.KRIDER: 2516'-21'(2 SPF). R/D ATLAS, SW  
I.

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WELL TREATMENT TIME CODE ACTIVITY

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DATE	HOURS	CODE	ACTIVITY
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1995-01-26	4.25	657	R/U DOWELL, TEST LINE TO 3000 PSI. ACIDI ZE W/ 1000 GALS 7.5% HCL & 1000 GALS FW IN 500 GAL INCREMENTS. DROP 200 BLLLS, D ISPLACE W 52 BBLs FLUSH. GOOD BALL ACTIO N, BALLED OUT W/2800 PSI.BREAKDOWN @ 138 4 PSI.ATLAS KNOCK OFF BALLS.
1995-01-26	.50	655	FRAC'D DOWN CSG W/820 BLLS YF115LG FLUID & 133140 LBS 12/20 SAND. ARI 55 BPM. RA MPED SAND F/1-9.0 ppg. SCREENED OUT W/55 BBLs FLUSH IN CSG.MAX 3500 PSI. ISIP 12 50, 5 MIN 0 PSI.R/D DOWELL. SWI.

Report Generated on: 03/03/95 @ 11:32

End of Report...

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CEMENTING SERVICE REPORT

Schlumberger

Dowell

DOWELL SCHLUMBERGER INCORPORATED

TREATMENT NUMBER 11-11-6797 DATE 1-12-95  
 STAGE DS DISTRICT W. Misses. Ks

DS-495-A PRINTED IN U.S.A.

WELL NAME AND NO. FARRAP #1-2 LOCATION (LEGAL) Sec. 20-33c-386

FIELD-POOL FORMATION COUNTY/PARISH Stearns STATE Ks API NO

NAME Mobil Oil Corp AND ADDRESS ZIP CODE

SPECIAL INSTRUCTIONS

RIG NAME		Chapline #4	
WELL DATA		BOTTOM TOP	
BIT SIZE 2 1/4	CSG/Liner Size 2 1/4		
TOTAL DEPTH 1250	WEIGHT 24		
<input type="checkbox"/> ROT <input type="checkbox"/> CABLE	FOOTAGE 1250		
MUD TYPE	GRADE 555		
<input type="checkbox"/> BHST <input type="checkbox"/> BHCT	THREAD 70.4		
MUD DENSITY	LESS FOOTAGE SHOULDER JOINT(S) 11.4		TOTAL
MUD VISC	Disp Capacity 178.6		

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

Float	TYPE		Stage Tool	TYPE	
	DEPTH	1021.0		DEPTH	
SHOE	TYPE	7+ pattern		TYPE	
	DEPTH	1050		DEPTH	

IS CASING/TUBING SECURED?  YES  NO  
 LIFT PRESSURE 2107 PSI CASING WEIGHT - SURFACE AREA (3.14 x R<sup>2</sup>)  
 PRESSURE LIMIT PSI BUMP PLUG TO PSI  
 ROTATE RPM RECIPROCATATE FT No. of Centralizers

Head & Plugs	<input type="checkbox"/> TBG <input type="checkbox"/> DP	SQUEEZE JOB	
<input type="checkbox"/> Double	SIZE	TOOL	TYPE
<input type="checkbox"/> Single	<input type="checkbox"/> WEIGHT	DEPTH	
<input type="checkbox"/> Swage	<input type="checkbox"/> GRADE	TAIL PIPE SIZE	DEPTH
<input type="checkbox"/> Knockoff	<input type="checkbox"/> THREAD	TUBING VOLUME	Bbls
TOP OR OW	<input type="checkbox"/> NEW <input type="checkbox"/> USED	CASING VOL. BELOW TOOL	Bbls
BOT OR OW	DEPTH	TOTAL	Bbls
		ANNUAL VOLUME	Bbls

JOB SCHEDULED FOR TIME 7:00 DATE 1-12-95 ARRIVE ON LOCATION TIME 7:02 DATE 1-12-95 LEFT LOCATION TIME 7:30 DATE 1-12-95

TIME	PRESSURE		VOLUME PUMPED BBL		INJECT RATE	FLUID TYPE	FLUID DENSITY	SERVICE LOG DETAIL
	TBG OR DP	CASING	INCREMENT	CUM				
0044	710	110						PRE-JOB SAFETY MEETING Tact
0045		0	76	6	1120			start 1120 ahead
0050		130	105	12	cmf 17.2			start lead cmf
0056		220	39	6	cmf 17.2			psi check
0100		190	32	5.6	cmf 14.8			start tail cmf
0104		300	73	5.6	cmf 14.8			psi check
0106		0						shut down down top plug
0107		0	386	6	1120			start displacement
0109		100	10	6	1120			psi check
0111		210	25	6				" "
0117		300	50	6				cmf to surface
0113		1100	34	1				lower rate
0115		220		1				psi check
0117		240	386	1				shut down did not bump plug
0118								shut cmf manipulation
								end job.

ORIGINAL

REMARKS

SYSTEM CODE	NO OF SACKS	YIELD CU FT/SK	COMPOSITION OF CEMENTING SYSTEMS		SLURRY MIXED		
			BBLs	DENSITY	BBLs	DENSITY	
1	175	2.11	Scoria + 60% gal + 3% scoria	1095	17.2	65	17.2
2							
3	150	1.70	Scoria + 75% gal + 3% scoria	1029	14.8	32	14.8
4							
5							
6							

BREAKDOWN FLUID TYPE	VOLUME	DENSITY	PRESSURE	MAX	21 MIN
<input type="checkbox"/> HESITATION SO	<input type="checkbox"/> RUNNING SO	<input type="checkbox"/> 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.	386 Bbls	TYPE OF WELL
Washed Thru Perfs	<input type="checkbox"/> YES <input type="checkbox"/> NO	TO	FT	MEASURED DISPLACEMENT	<input type="checkbox"/> OIL <input type="checkbox"/> GAS <input type="checkbox"/> STORAGE <input type="checkbox"/> INJECTION <input type="checkbox"/> BRINE WATER <input type="checkbox"/> WILDCAT
PERFORATIONS	TO	TO	CUSTOMER REPRESENTATIVE	DS SUPERVISOR	
			Kolau Youngblood	Tomas Equiel	

