

FORM MUST BE TYPED

SIDE ONE

*CORRECTION

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- 129-21182-0000

County MORTON

SW - SW - NE - NE Sec. 25 Twp. 32 Rge. 41 X ^E/_W

4030 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 LEMON G.U. D Well # 2H1

Field Name HUGOTON

Producing Formation CHASE

Elevation: Ground 3386' KB 3397'

*Total Depth 2806' PBDT *2769

Amount of Surface Pipe Set and Cemented at 525 Feet

Multiple Stage Cementing Collar Used? Yes X 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 9/24 5-23-95
(Data must be collected from the Reserve Pit)

Chloride content 5800 ppm Fluid volume 2140 bbls

Dewatering method used DRIED AND FILLED

Location of fluid disposal if hauled offsite:

Operator Name _____

Lease Name _____ License No. _____

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

County _____ Docket No. _____

Operator: License # 5952

Name: AMOCO PRODUCTION COMPANY

Address P. O. BOX 800 ROOM 925

City/State/Zip DENVER, CO 80201

Purchaser: _____

Operator Contact Person: ELLEN HARTZLER

Phone (303) 830-5130

Contractor: Name: CHEYENNE DRILLING

License: 5382

Wellsite Geologist: _____

Designate Type of Completion

X New Well _____ Re-Entry _____ Workover _____

Oil _____ SWD _____ SLOW _____ Temp. Abd.

Gas _____ ENHR X 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 _____ PBDT

Commingle _____ Docket No. _____

Dual Completion _____ Docket No. _____

Other (SWD or Inj?) _____ Docket No. _____

04/28/93 _____ 04/30/93 _____ 05/16/94 *
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 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 N. Ellen Hartzler

Title SR. STAFF ASSISTANT _____ Date 9/28/94

Subscribed and sworn to before me this 28 day of September, 19 94.

Notary Public Susan Callahan

Date Commission Expires 8/2/98

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

Form ACO-1 (7-91)

RECEIVED
STATE CORPORATION COMMISSION
SEP 29 1994
9-29-94
CONSERVATION DIVISION
WICHTA, KANSAS

SIDE TWO

Operator Name AMOCO PRODUCTION COMPANY Lease Name LEMON G.U. D Well # 2HI

Sec. 25 Twp. 32 Rge. 41 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 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: COMPENSATED ~~GA~~ SPECTRAL GAMMA

Log Formation (Top), Depth and Datums Sample

Name	Top	Datum
Herrington	2287	KB
Krider	2296	
Winfield	2346	
Towanda	2427	
Ft. Riley	2480	
Council Grove	2589	

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#	525	Class C	250	
Production	7 7/8"	5 1/2"	15.5#	2806	Class C	450	

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
4	2306-2320; 2346-2354; 2354-2374;	*FRAC W/ 44,980# 10/20 BRADY SAND	2596-2668
		& 10,543 gal 70Q/650 N2 FOAM;	2346-2374
		5380 GALS FOAM	2290-2304
		ACIDIZE W/2000 GALS 2% KCL	

TUBING RECORD Size Set At Packer At Liner Run Yes No

Date of First, Resumed Production, SWD or Inj. Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas: **METHOD OF COMPLETION** Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled 2306-2374

(If vented, submit ACO-18.) Other (Specify) _____