

FORM MUST BE TYPED

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 # 3871
Name: Hugoton Energy Corporation
Address: 301 N. Main, Suite 1900
City/State/Zip: Wichita, KS 67202

Purchaser: KOCH
Operator Contact Person: Jim Gowens
Phone: (316) 262-1522

Contractor: Name: Cheyenne Drilling
License: 5382
Wellsite Geologist: Mark Grommesh

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

If Workover/Re-Entry: old well info as follows:
Operator: Hugoton Energy Corporation
Well Name: Huitt #1-14
Comp. Date 7/23/92 Old Total Depth 5576'
 Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBDT
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

8-9-94 Date of START Date Reached TD 8/12/94 Completion Date of WORKOVER

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: _____
Title: Jim Gowens, V.P. Exploration Date: 5/18/95

Subscribed and sworn to before me this 18 day of May 1995.

Notary Public: Garry D. Walker
Date Commission Expires: September 18, 1995
MY APPT. EXPIRES

API NO. 15- 081-20724001
County: HASKELL
C - SE-SE Sec. 14 Twp. 29S Rge. 33W X W
660 FSL Feet from S (circle one) Line of Section
660 FEL Feet from E (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE, SE NW, or SW (circle one)
Lease Name HUITT Well # 1-14
Field Name LEMON NE
Producing Formation CHESTER / ATOKA / MORROW
Elevation: Ground 2926' KB 2937'
Total Depth 5576' PBDT 5499'
Amount of Surface Pipe Set and Cemented at 1873' Feet.
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set 3158 Feet
If Alternate II completion, cement circulated from NA
feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan REWORK 02 6-29-95
(Data must be collected from the Reserve Pit)
Chloride content 2800 ppm Fluid volume 300 bbls
Dewatering method used EVAPORATION
Location of fluid disposal if hauled offsite:
Operator Name _____
Lease Name _____ License No. _____
Quarter Sec. Twp. S Rng. E/W
County _____ Docket No. _____

RECEIVED
STATE CORPORATION COM

MAY 19 1995
5-19-1995
WICHITA, KANSAS

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

PI

Operator Name Hugoton Energy Corporation Lease Name HUITT Well # 1-14

Sec. 14 Twp. 29S Rge. 33W East County HASKELL
 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datums	<input type="checkbox"/> Sample.
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	KRIDER	2682	+255
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	HEEBNER	4116	-1179
List All E. Logs Run: DIL, SSD/CNP, MEL		LANSING	4212	-1275
		KANSAS CITY A	4640	-1730
		KANSAS CITY B	4685	-1748
		MARMATON	4750	-1813
		CHEROKEE SH	4955	-2018
		ATOKA	5087	-2150
		MORROW SHALE	5245	-2308
		MORROW SD	5350	-2413
		CHESTER	5390	-2453

CASING RECORD							
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#	1861'	35/65 poz	790	2% cc
production	7-7/8"	5-1/2"	15.5#	5546'	Class 'C'	225	.05#D60
Stage tool				3160'	Class 'C'	350	2% cc

ADDITIONAL CEMENTING/SQUEEZE RECORD					
Purpose:	Depth		Type of Cement	# Sacks Used	Type and Percent Additives
	Top	Bottom			
Perforate					
Protect Casing					
Plug Back TD					
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
4	5400' - 5404' (4')		Acidized w/1000 Gal acid	5400' - 5404'
7	5413' - 5420' (7')		Acidized with 2500 Gal HCL 15%	5413' - 5420'
2	5350' - 5354' (4')			
2	5185' - 5191' (6')		Acidized with 500 Gal 15% NE-FE acid	5162' - 5191'
2	5162' - 5166' (4')		Acidized with 2500 Gal 15% NE-FE acid	5162' - 5191'
2	5115' - 5120' (5')		Acidized with 1000 Gal 15% NE-FE acid	5115' - 5120'

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2-3/8"	5386.5	NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj.				8/14/94	Producing Method
					<input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Water Bbls.
	5		0		0.5
					Gas-Oil Ratio
					Gravity

Disposition of Gas: **METHOD OF COMPLETION**

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

(If vented, submit ACO-18)

Production Interval all open