

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- 081-20889-0001

County Maskell

C - SW - NE Sec. 28 Twp. 29S Rge. 33 X W

1975 Feet from S/N (circle one) Line of Section

1998 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 Elliott Gas Unit Well # 2H1

Field Name Hugoton

Producing Formation Chase

Elevations: Ground 2944.09' KB 2957'

Total Depth 5650' PBDT 3160'

Amount of Surface Pipe Set and Cemented at 1635 Feet

Multiple Stage Cementing Collar Used? X Yes No

If yes, show depth set 3197 Feet

If Alternate II completion, cement circulated from

feet depth to w/ sx cmt.

Drilling Fluid Management Plan REENTRY 9/8 3-20-96
(Data must be collected from the Reserve Pit)

Chloride content ppm Fluid volume bbls

Dewatering method used

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 PO Box 800 Room 924

City/State/Zip Denver, CO 80201

Purchaser: N/A

Operator Contact Person: Susan R. Potts

Phone (303) 830-5323

Contractor: Name: Halliburton

License:

Wellsite Geologist: N/A

Designate Type of Completion
 New Well X Re-Entry Workover

 Oil SWD S10W Temp. Abd.
 Gas ENHR X SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-Entry:

Operator: Harris Oil and Gas

Well Name: Mull 2-28

Comp. Date 1-30-95 Old Total Depth 5650'

 Deepening X Re-perf. Conv. to Inj/SWD
X Plug Back 3160' PBDT
 Commingled Docket No.
 Dual Completion Docket No.
 Other (SWD or Inj?) Docket No.

9-15-95 9-29-95
Date of Start of Re-Entry Date Reached TD Completion Date of Re-Entry

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 Susan R. Potts

Title Senior Staff Assistant Date 2-16-96

Subscribed and sworn to before me this 16th day of February 19 96

Notary Public [Signature]

Date Commission Expires January 4 1997

1020 BROADWAY
DENVER, CO 80201

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)

RECEIVED Form ACO-1 (7-91)
KANSAS CORPORATION COMMISSION

FEB 19 1996

2-19-96

CONSERVATION DIVISION
WICHITA, KS

Operator Name Amoco Production Company Lease Name Elliott Gas Unit Well # 2H1

Sec. 28 Twp. 29S Rge. 33 East West
 County Haskell

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 Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run (Submit Copy.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No List All E.Logs Run: None	<input checked="" type="checkbox"/> Log <input type="checkbox"/> Sample Formation (Top), Depth and Datum <table border="0" style="width:100%"> <tr> <td>Name</td> <td>Top</td> <td>Datum</td> </tr> <tr> <td>Chase Top</td> <td>2534'</td> <td>KB</td> </tr> <tr> <td>Herrington</td> <td>2605'</td> <td></td> </tr> <tr> <td>Krider</td> <td>2625'</td> <td></td> </tr> <tr> <td>Winfield</td> <td>2656'</td> <td></td> </tr> <tr> <td>Towanda</td> <td>2705'</td> <td></td> </tr> <tr> <td>Fort Riley</td> <td>2734'</td> <td></td> </tr> <tr> <td>Council Grove</td> <td>2790'</td> <td></td> </tr> </table>	Name	Top	Datum	Chase Top	2534'	KB	Herrington	2605'		Krider	2625'		Winfield	2656'		Towanda	2705'		Fort Riley	2734'		Council Grove	2790'	
Name	Top	Datum																							
Chase Top	2534'	KB																							
Herrington	2605'																								
Krider	2625'																								
Winfield	2656'																								
Towanda	2705'																								
Fort Riley	2734'																								
Council Grove	2790'																								

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	12 1/4"	8 5/8"	24	1635'	Premium Plus Lite	535	1/4# Flocele
1st Stage	7.875"	4 1/2"	10.5	5511'	Premium Plus Lite	150	2%CC
2nd Stage	7.875"	4 1/2"	10.5	3197'	Premium Plus Lite	460	5%KCL .6% Halad-322
					Premium	200	
					Premium	50	

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	5374-5382'; 5336-5340'; 5314-5318'; 4671-4680' Set CIBP at 5220'		
2	2734-2750'; 2686-2706'; 2656-2670'; 2798-2814' Set CIBP at 3160'	FRAC w/ 57,500 lbs. 12/20 sand and	2656-2750'
		505 bbls. x-link gelled fresh water.	

TUBING RECORD	Size 2.375" 4.7# J-55 EUE T&C	Set At 2780'	Packer At 2780'	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj. Shut In	Producing Method <input 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 Mcf	Water Bbls.	Gas-Oil Ratio Gravity

Dispositi**METHOD OF COMPLETION** Production Interval

Vented Sold Used on Lease (If vented, submit ACO-18.)

Open Hole Perf. Dually Comp. Commingled 2656'-2814' O.A.

Other (Specify) _____

ORIGINAL



HALLIBURTON ENERGY SERVICES

HAL-1906-N

CHARGE TO: Amoco Production Company
 ADDRESS:
 CITY STATE ZIP CODE:

DUNCAN COPY

TICKET

No. 882696 - 1

PAGE 1 OF 1

SERVICE LOCATIONS 1. <u>Lidea, Ks</u>	WELL/PROJECT NO. <u>257018</u>	LEASE <u>257018</u>	COUNTY/PARISH <u>Haskell</u>	STATE <u>Ks</u>	CITY/OFFSHORE LOCATION <u>N.A</u>	DATE <u>9-19-95</u>	OWNER <u>Same</u>
2. <u>SDAD</u>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE	NITROGEN JOB <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONTRACTOR <u>BARBO</u>	RIG NAME NO. <u>-</u>	SHIPPED VIA <u>LOCATION</u>	ORDER NO.	
3.	WELL TYPE	WELL CATEGORY <u>01</u>	JOB PURPOSE <u>829</u>	WELL PERMIT NO. <u>15-081-20189</u>	WELL LOCATION <u>28-28-33W</u>		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE / PART NUMBER	ACCOUNTING - LOC - ACCT - DE	DESCRIPTION	QTY	UM	QTY	UM	UNIT PRICE	AMOUNT
			MILAGE						
250500			<u>CH. Sp. Chc</u>	1	EA			900	900
257000			<u>3100 FT DEPTH Chc</u>	1	EA			25	25
257018			<u>TITAN 4 1/2 CT. B.P.</u>	1	EA			500	500
256910			<u>Dump Bldg DEPTH Chc</u>	3	EA			25	75
250955			<u>PORTLAND CMT.</u>	10	EA			15	150

Post-it® Fax Note 7671

To: Joe Eder

From: Joe Eder

Co/Dept.:

Phone #:

Fax #:

RECEIVED
 KANSAS CORPORATION COMMISSION
 FEB 19 1996
 CONSERVATION DIVISION
 WICHITA, KS

LEGAL TERMS: Customer and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X DATE SIGNED _____ TIME SIGNED _____

A.M. P.M.

do not require IPC (Instrument Protection). Not offered

BEAN SIZE	SPACERS	3100	
TYPE OF EQUALIZING SUB.	CASING PRESSURE		
TUBING SIZE	TUBING PRESSURE	5/8" 57	
WELL DEPTH	TYPE VALVE		
WELL CONNECTION			

SURVEY: AGREE UN-DECIDED DIS-AGREE

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?

WE UNDERSTOOD AND MET YOUR NEEDS?

OUR SERVICE WAS PERFORMED WITHOUT DELAY?

WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?

ARE YOU SATISFIED WITH OUR SERVICE? YES NO

CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL: 3000
2990

FROM CONTINUATION PAGE(S): 6076

SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE: 1,502.00

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES. The customer hereby acknowledges receipt of the materials and services listed on this ticket

CUSTOMER OR CUSTOMER'S AGENT (PLEASE PRINT): Joe Eder (N/O)

CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE): X

HALLIBURTON OPERATOR/ENGINEER: C.L. Eder F2885

HALLIBURTON APPROVAL: _____

DEF-10-90 NOV 10:34 HALLIBURTON LOGGING SERV. FNA NO. 3100291010 1.01