

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

API NO. 15- 067-21397-0000

ORIGINAL

County Grant _____
- NE - NE - NE Sec. 29 Twp. 27S Rge. 37 X W

Operator: License # 5952

Name: Amoco Production Company

Address PO Box 800 Room 924

City/State/Zip Denver, CO 80201

Purchaser: Williams Natural Gas

Operator Contact Person: Susan R. Potts

Phone (303) 830-5323

Contractor: Name: Cheyenne Drilling

License: 5382

Wellsite Geologist: N/A

Designate Type of Completion

New Well Re-Entry Workover

Oil SWD SIOW 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. _____

5/27/97 5/29/97 7/3/97
Spud Date Date Reached TD Completion Date

330 Feet from S/A (circle one) Line of Section

330 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 Earl B. Williams Gas Unit *Well # 4

Field Name Hugoton

Producing Formation Chase

Elevation: Ground 3065.56' KB 3071.5'

Total Depth 2710' PBTB 2618'

Amount of Surface Pipe Set and Cemented at 453 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 2715

feet depth to surface w/ 530 sx cmt.

Drilling Fluid Management Plan A.H. 2, 2-11-98 U.C.
(Data must be collected from the Reserve Pit)

Chloride content 5600 ppm Fluid volume 400 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. _____

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 9/12/97

Subscribed and sworn to before me this 12th day of September 19 97.

Notary Public _____

Date Commission Expires January 4 2001

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
KANSAS CORPORATION COMMISSION
15 1997
1300 BROADWAY
DENVER, CO 80202

CONSERVATION DIVISION
WICHITA, KS
ACD 9-15-97

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

Operator: License # 5952

Name: Amoco Production Company

Address PO Box 800 Room 924

City/State/Zip Denver, CO 80201

Purchaser: Williams Natural Gas

Operator Contact Person: Susan R. Potts

Phone (303) 830-5323

Contractor: Name: Cheyenne Drilling

License: 5382

Wellsite Geologist: N/A

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:

Operator: _____

Well Name: _____

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. _____

5/27/97 5/29/97 7/3/97
Spud Date Date Reached TD Completion Date

API NO. 15- 067-21397-0000

County Grant

NE - NE - NE Sec. 29 Twp. 27S Rge. 37 X W

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

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Field Name Hugoton

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(Data must be collected from the Reserve Pit)

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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. _____

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 8/27/97

Subscribed and sworn to before me this 27th day of August, 19 97.

Notary Public Ann DePew

Date Commission Expires 11-10-2000

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)

AUG 28 1997

Form ACO-1 (7-91)

CONSERVATION DIVISION
WICHITA, KS

ORIGINAL

AMOCO PRODUCTION COMPANY
EARL WILLIAMS GU 4-HI
SECTION 29-T27S-T37W
GRANT COUNTY, KANSAS

15-067-21397

COMMENCED: 05-27-97
COMPLETED: 05-29-97

SURFACE CASING: 453' OF 8 5/8" CMTD
W/150 SKS PREMIUM PLUS LITE + 2% CC
+ 1/4 #/SK FLOCELE. TAILED IN W/100 SKS
PREMIUM PLUS + 2% CC + 1/4 #/SK FLOCELE

FORMATION

DEPTH

FORMATION	DEPTH
SURFACE HOLE	0 - 453
RED BED	453 - 1320
GLORIETTA	1320 - 1425
RED BED	1425 - 2715 RTD

I DO HEREBY CERTIFY THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

CHEYENNE DRILLING, INC.

WRAY VALENTINE

STATE OF KANSAS : ss:

SUBSCRIBED AND SWORN TO BEFORE ME THIS 30TH DAY OF MAY, 1997

JOLENE K. RUSSELL

NOTARY PUBLIC



RECEIVED
KANSAS CORPORATION COMMISSION

AUG 28 1997

CONSERVATION DIVISION
WICHITA, KS

TICKET # 235631

TICKET DATE 8-27-97

REGION North America	NWA/COUNTRY Mid Cont	BDA/STATE KS	COUNTY Stanton
MBU ID / EMP # 61015 / 85257	EMPLOYEE NAME John White	PSL DEPARTMENT Cement Sec	
LOCATION Land	COMPANY Hercules Ind. Co	CUSTOMER REP / PHONE Bill Mathern	
TICKET AMOUNT	WELL TYPE 1	API / UWI #	
WELL LOCATION Land	DEPARTMENT Cement 5001	JOB PURPOSE CODE 010	
LEASE / WELL # E.B. 111111 6.11.84	SEC / TWP / RNG 27-27-37		

HES EMP NAME/EMP#(EXPOSURE HOURS)	HRS	HES EMP NAME/EMP#(EXPOSURE HOURS)	HRS	HES EMP NAME/EMP#(EXPOSURE HOURS)	HRS	HES EMP NAME/EMP#(EXPOSURE HOURS)	HRS
J. KAIMS							
J. FOST							

ORIGINAL

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL)(GAL)	PUMPS		PRESS. (psi)		JOB DESCRIPTION / REMARKS
				T	C	Tbg.	Csg	
	14:00							Call Out
	17:26							On Location
	19:00							Run float equipment
	20:40							Drop Ball & Rig up Halliburton Iron
	20:40	7						Circulate w/Rig
	20:55	7	55.05			120		Mix Pump Cont (Lead) @ 12.3
	20:59	8	23.51			120		" (Tail) @ 14.8
	21:04							Shut down & Drop Plug
	21:05	8						Start Displacement
	21:11	7				230		Lead Plug / Pressure / up to 750 psi
	21:13							Release Back / Plug Held
	21:14							End Job

Handwritten signature/initials

Thank You
John Sterling - Jack

RECEIVED
KANSAS CORPORATION COMMISSION

AUG 28 1997

CONSERVATION DIVISION
WICHITA, KS

TICKET # 235631	TICKET DATE 5-27-97
BDA / STATE KS	COUNTY Grant
PSL DEPARTMENT Cement 500	CUSTOMER REP / PHONE Bill Chatham
API / UWI #	JOB PURPOSE CODE 010

REGION North America	NWA/COUNTRY Mid Cont
MBU ID / EMP # 41015 / 85257	EMPLOYEE NAME John Klatt
LOCATION Land	COMPANY Amoco Prod. Co
TICKET AMOUNT	WELL TYPE 01
WELL LOCATION Land	DEPARTMENT Cement 5001
LEASE / WELL # E.B. Williams B.U. #441	SEC / TWP / RNG T9-27-37

HES EMP NAME/EMP#/(EXPOSURE HOURS) HRS	HES EMP NAME/EMP#/(EXPOSURE HOURS) HRS	HES EMP NAME/EMP#/(EXPOSURE HOURS) HRS	HES EMP NAME/EMP#/(EXPOSURE HOURS) HRS
S. Raines			
J. Frost			

ORIGINAL

HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES
52988-							
50502-75505							
94453							

Form Name _____ Type: _____
 Form Thickness _____ From _____ To _____
 Packer Type _____ Set At _____
 Bottom Hole Temp. _____ Pressure _____
 Misc. Data _____ Total Depth _____

DATE	CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
TIME				

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY	MAKE
Float Collar		
Float Shoe		
Guide Shoe		
Centralizers	3	0
Bottom Plug		41
Top Plug	1	0
Head		0
Packet Well P	1	0
Other Insert / E "	1	

WELL DATA

	NEW/USED	WEIGHT	SIZE	FROM	TO	MAX ALLOW
Casing	11	24	8 7/8	0	455	1500
Liner						
Liner						
Tbg/D.P.						
Tbg/D.P.						
Open Hole						SHOTS/FT.
Perforations						
Perforations						
Perforations						

MATERIALS

Treat Fluid	Density	Lb/Gal
Disp. Fluid	Density	Lb/Gal
Prop. Type	Size	Lb.
Prop. Type	Size	Lb.
Acid Type	Gal.	%
Acid Type	Gal.	%
Surfactant	Gal.	In
NE Agent	Gal.	In
Fluid Loss	Gal/Lb	In
Gelling Agent	Gal/Lb	In
Fric. Red.	Gal/Lb	In
Breaker	Gal/Lb	In
Blocking Agent	Gal/Lb	
Perpac Balls	Qty.	
Other		
Other		
Other		
Other		

HOURS ON LOCATION		OPERATING HOURS		DESCRIPTION OF JOB
DATE	HOURS	DATE	HOURS	
5-27-97				8 7/8 Surface
TOTAL		TOTAL		

ORDERED	HYDRAULIC HORSEPOWER	Used
	Avail.	
TREATED	AVERAGE RATES IN BPM	Overall
	Disp.	
FEET	CEMENT LBS/PIPE	
	REASON FOR STOPPING	

CEMENT DATA

STAGE	SACKS	CEMENT	BULK/SKS	ADDITIVES	YIELD	LBS/GAL
1	150	C.L.W.	B	1/2 B/GK Flocc 2% acc	AUG 21 1997	2.06 12.5
2	100	C	B	1/2 B/GK Flocc 2% acc		1.52 14.8

Circulating	Displacement	Preflush:	Gal - BBI	10	Type	11/2 B
Breakdown	Maximum	Load & Bkdn:	Gal - BBI		Pad:	BBI - Gal
Average	Frac Gradient	Treatment	Gal - BBI		Disp:	BBI - Gal 26.85
Shut In: Instant	5 Min	Cement Slurr	Gal - BBI	(2) 55.037		
	15 Min	Total Volume	Gal - BBI	215.34		

Frac Ring #1	Frac Ring #2	Frac Ring #3	Frac Ring #4
THE INFORMATION STATED HEREIN IS CORRECT		CUSTOMER'S REPRESENTATIVE SIGNATURE	



HALLIBURTON ENERGY SERVICES

1906-0

CHARGE TO: AMALCO PRODUCTION
 ADDRESS: _____
 CITY, STATE, ZIP CODE: _____

CUSTOMER COPY

TICKET

No.

235631 - 0

PAGE 1 OF 1

SERVICE LOCATIONS 1. <u>LIBERTON KS</u> 2. <u>HUGOTON KS</u>	WELL/PROJECT NO. <u>H 11 HT</u>	LEASE <u>W&B-UNIT 101015011</u>	COUNTY/PARISH <u>W. GRANT CO. KS.</u>	STATE <u>KS.</u>	CITY/OFFSHORE LOCATION <u>LAND</u>	DATE <u>5-27-97</u>	OWNER
TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	NITROGEN JOB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONTRACTOR <u>CHEYENNE</u>	RIG NAME/NO. <u>CHEYENNE #19</u>	SHIPPED VIA	DELIVERED TO <u>LOCATION</u>	ORDER NO.	
WELL TYPE <u>01</u>	WELL CATEGORY <u>01</u>	JOB PURPOSE <u>010</u>	WELL PERMIT NO.		WELL LOCATION		
REFERRAL LOCATION	INVOICE INSTRUCTIONS						

JOB PURPOSE	PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING		DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
			LOC	ACCT		DF					
	<u>000-117</u>				<u>MILEAGE RCM</u>	<u>136</u>	<u>MT</u>	<u>217</u>		<u>3.20</u>	<u>4368.00</u>
	<u>000-119</u>				<u>CEMENT CREW</u>	<u>136</u>	<u>MT</u>	<u>217</u>		<u>1.75</u>	<u>2380.00</u>
	<u>001-016</u>				<u>PUMP CHARGE</u>	<u>1150</u>	<u>1/1</u>				<u>718.00</u>
	<u>24A</u>	<u>815.19501</u>			<u>INSRT FIT TUBULAR</u>	<u>1</u>	<u>EA</u>	<u>8 5/8</u>	<u>IN</u>	<u>200.00</u>	<u>200.00</u>
	<u>27</u>	<u>815.19415</u>			<u>INSRT FIT TUB ASS.</u>	<u>1</u>	<u>EA</u>	<u>8 5/8</u>	<u>IN</u>		<u>700.00</u>
	<u>41</u>	<u>806.61048</u>			<u>CENTRALIZERS</u>	<u>3</u>	<u>EA</u>	<u>8 5/8</u>	<u>IN</u>	<u>68.00</u>	<u>204.00</u>
	<u>350</u>	<u>890.10802</u>			<u>WELD A</u>	<u>1</u>	<u>LB</u>	<u>1</u>	<u>EA</u>		<u>16.75</u>
	<u>030-018</u>				<u>TOP PLUG (PASTOR)</u>	<u>1</u>	<u>EA</u>	<u>8 5/8</u>	<u>IN</u>		<u>143.00</u>

ORIGINAL

RECEIVED
KANSAS CORPORATION COMMISSION

AUG 28 1997

CONSERVATION DIVISION
WICHITA, KS

LEGAL TERMS: Customer hereby acknowledges 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.

DATE SIGNED: _____ TIME SIGNED: _____
 A.M. P.M.
 do do not require IPC (Instrument Protection). Not offered

TYPE LOCK	SUB SURFACE SAFETY VALVE WAS: <input type="checkbox"/> PULLED & RETURN <input type="checkbox"/> PULLED <input type="checkbox"/> RUN		PAGE TOTAL <u>2082.55</u>
BEAN SIZE	TYPE OF EQUALIZING SUB.	CASING PRESSURE	FROM CONTINUATION PAGE(S) <u>4425.67</u>
DEPTH	TUBING SIZE	TUBING PRESSURE	WELL DEPTH
SPACERS	TREE CONNECTION	TYPE VALVE	SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE <u>6507.82</u>

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)	CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE)	HALLIBURTON OPERATOR/ENGINEER	EMP #	HALLIBURTON APPROVAL
	<u>X</u>	<u>[Signature]</u>	<u>85257</u>	



JOB LOG 4239-5

TICKET # *12454* TICKET DATE *8-28-97*

REGION North America	NWA/COUNTRY	BDA / STATE <i>KS</i>	COUNTY <i>Wichita</i>
MBU ID / EMP # <i>10002</i>	EMPLOYEE NAME <i>John Williams</i>	PSL DEPARTMENT <i>ACI Control</i>	
LOCATION <i>Wichita</i>	COMPANY <i>Halliburton</i>	CUSTOMER REP / PHONE	
TICKET AMOUNT	WELL TYPE	API / UWI #	
WELL LOCATION <i>Wichita</i>	DEPARTMENT <i>ACI</i>	JOB PURPOSE CODE <i>025 56 100 5000</i>	
LEASE / WELL # <i>Wichita</i>	SEC / TWP / RNG <i>22 / 47 / 37</i>		

HES EMP NAME/EMP#/(EXPOSURE HOURS) HRS	HES EMP NAME/EMP#/(EXPOSURE HOURS) HRS	HES EMP NAME/EMP#/(EXPOSURE HOURS) HRS	HES EMP NAME/EMP#/(EXPOSURE HOURS) HRS
<i>John Williams</i>	<i>John Williams</i>		

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL)(GAL)	PUMPS		PRESS. (psi)		JOB DESCRIPTION / REMARKS
				T	C	Tbg	Csg	
		<i>2400</i>						<i>Time Collected</i>
		<i>0400</i>						<i>Time Ready</i>
		<i>0245</i>						<i>Time onloc</i>
	<i>0515</i>							<i>Start Plug Cosing</i>
	<i>0725</i>							<i>Cosing in Hole</i>
	<i>0726</i>							<i>Head to Create Crow</i>
	<i>0732</i>							<i>Create / Dec w/ Per Pump</i>
	<i>0737</i>							<i>Create WFL To Record Level</i>
	<i>0750</i>							<i>Head to Pump Truck</i>
	<i>0755</i>	<i>6.4</i>				<i>150</i>		<i>Start WFL Cement</i>
	<i>0825</i>		<i>194.4</i>			<i>150</i>		<i>Finish WFL Cement</i>
	<i>0826</i>					<i>0</i>		<i>SLT Done</i>
	<i>0830</i>	<i>5</i>				<i>75</i>		<i>Start Displacement</i>
	<i>0854</i>		<i>3.8 186.2</i>					<i>Plug Plug Done</i>
								<i>Heat Hold</i>
								<i>Complete Cement to A-7</i>

ORIGINAL

Thanks For Calling
Halliburton Energy
Dennis G. [Signature]

RECEIVED
 KANSAS CORPORATION COMMISSION

AUG 28 1997

CONSERVATION DIVISION
 WICHITA, KS



HALLIBURTON ENERGY SERVICES

HAL-1906-P

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

CUSTOMER COPY

TICKET

No.

184509 - 6

PAGE 1 OF

SERVICE LOCATIONS: 1. 25540 Luzon LKs
2. 25535 Hg Tanks
 WELL/PROJECT NO.: 14 HE
 LEASE: IEB Williams GU
 COUNTY/PARISH: Grant
 STATE: Ls
 CITY/OFFSHORE LOCATION: Loc
 DATE: 5-29-97
 OWNER: Amoco
 TICKET TYPE: SERVICE SALES
 NITROGEN JOB? YES NO
 CONTRACTOR: Chycure Pdy 8
 RIG NAME/NO:
 SHIPPED VIA:
 DELIVERED TO:
 ORDER NO:
 WELL TYPE:
 WELL CATEGORY: 0201
 JOB PURPOSE: 035 5 1/2 Prod Stray
 WELL PERMIT NO.:
 WELL LOCATION: NW of Ulysses
 REFERRAL LOCATION:
 INVOICE INSTRUCTIONS:

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
000-117	ORIGINAL	1			MILEAGE	136		Miles		3.20	1435.20
000-114		1			Crew Mileage	136		Miles		1.93	265.20
001-016		1			Pump charge	2715		FT			1680.00
030-016		1			Swi Top Pkg	1		End	5/2	66.00	66.00
5A		837-07100	1		Super Seal Float	1				248.00	248.00
40	806-60022	1		Centralizers	5				67.00	335.00	
350	890-10802	1		Hawas weld A	1			LB	16.75	16.75	

RECEIVED
 HANSON CORPORATION COMMISSION
 AUG 28 1997
 CONSERVATION DIVISION
 WICHITA, KS

LEGAL TERMS: Customer hereby acknowledges 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

DATE SIGNED: X B.H. Chatham
 TIME SIGNED: Amoco Co Rep
 A.M.
 P.M.

SUB SURFACE SAFETY VALVE WAS:
 PULLED & RETURN PULLED RUN

TYPE LOCK: _____ DEPTH: _____
 BEAN SIZE: _____ SPACERS: _____
 TYPE OF EQUALIZING SUB.: _____ CASING PRESSURE: _____
 TUBING SIZE: _____ TUBING PRESSURE: _____ WELL DEPTH: _____
 TREE CONNECTION: _____ TYPE VALVE: _____

SURVEY

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? AGREE UN-DECIDED DIS-AGREE

WE UNDERSTOOD AND MET YOUR NEEDS? AGREE UN-DECIDED DIS-AGREE

OUR SERVICE WAS PERFORMED WITHOUT DELAY? AGREE UN-DECIDED DIS-AGREE

WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? AGREE UN-DECIDED DIS-AGREE

ARE YOU SATISFIED WITH OUR SERVICE? YES NO

CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL	3046	15
FROM CONTINUATION PAGE(S)	8338	84
Final Total	11384	99
SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE		

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): X
 CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE): L10102 L... 59179
 HALLIBURTON OPERATOR/ENGINEER: _____ EMP #: _____
 HALLIBURTON APPROVAL: _____

TERMS AND CONDITIONS

(12951)

For good and valuable consideration received, Customer (as identified on the face of this document) and Halliburton Energy Services, a division of Halliburton Company (hereinafter "Halliburton") agree as follows:

A. CUSTOMER REPRESENTATION - Customer warrants that the well is in proper condition to receive the services, equipment, products, and materials to be supplied by Halliburton.

B. PRICE AND PAYMENT - The services, equipment, products, and/or materials to be supplied hereunder are priced in accordance with Halliburton's current price list. All prices are exclusive of taxes. If Customer does not have an approved open account with Halliburton, all sums due are payable in cash at the time of performance of services or delivery of equipment, products or materials. If Customer has an approved open account, invoices are payable on the twentieth day after the date of invoice. Customer agrees to pay interest on any unpaid balance from the date payable until paid at the highest lawful contract rate applicable, but never to exceed 18% per annum. In the event Halliburton employs an attorney for collection of any account, Customer agrees to pay attorney fees of 20% of the unpaid account, plus all collection and court costs.

C. RELEASE AND INDEMNITY - CUSTOMER AGREES TO RELEASE HALLIBURTON GROUP FROM ANY AND ALL LIABILITY FOR ANY AND ALL DAMAGES WHATSOEVER TO PROPERTY OF ANY KIND OWNED BY, IN THE POSSESSION OF, OR LEASED BY CUSTOMER AND THOSE PERSONS AND ENTITIES CUSTOMER HAS THE ABILITY TO BIND BY CONTRACT. CUSTOMER ALSO AGREES TO DEFEND, INDEMNIFY, AND HOLD HALLIBURTON GROUP HARMLESS FROM AND AGAINST ANY AND ALL LIABILITY, CLAIMS, COSTS, EXPENSES, ATTORNEY FEES AND DAMAGES WHATSOEVER FOR PERSONAL INJURY, ILLNESS, DEATH, PROPERTY DAMAGE AND LOSS RESULTING FROM:

- LOSS OF WELL CONTROL; SERVICES TO CONTROL A WILD WELL WHETHER UNDERGROUND OR ABOVE THE SURFACE; RESERVOIR OR UNDERGROUND DAMAGE; INCLUDING LOSS OF OIL, GAS, OTHER MINERAL SUBSTANCES OR WATER; SURFACE DAMAGE ARISING FROM UNDERGROUND DAMAGE; DAMAGE TO OR LOSS OF THE WELL BORE; SUBSURFACE TRESPASS OR ANY ACTION IN THE NATURE THEREOF; FIRE; EXPLOSION; SUBSURFACE PRESSURE; RADIOACTIVITY; AND POLLUTION AND ITS CLEANUP AND CONTROL.

CUSTOMER'S RELEASE, DEFENSE, INDEMNITY AND HOLD HARMLESS OBLIGATIONS WILL APPLY EVEN IF THE LIABILITY AND CLAIMS ARE CAUSED BY THE SOLE, CONCURRENT, ACTIVE OR PASSIVE NEGLIGENCE, FAULT, OR STRICT LIABILITY OF ONE OR MORE MEMBERS OF THE HALLIBURTON GROUP, THE UNSEAWORTHINESS OF ANY VESSEL OR ANY DEFECT IN THE DATA, PRODUCTS, SUPPLIES, MATERIALS OR EQUIPMENT FURNISHED BY HALLIBURTON GROUP WHETHER IN THE DESIGN, MANUFACTURE, MAINTENANCE OR MARKETING THEREOF OR FROM A FAILURE TO WARN OF SUCH DEFECT. "HALLIBURTON GROUP" IS DEFINED AS HALLIBURTON, ITS PARENT, SUBSIDIARY, AND AFFILIATED COMPANIES AND ITS/THEIR OFFICERS, DIRECTORS, EMPLOYEES, AND AGENTS. CUSTOMER'S RELEASE, DEFENSE, INDEMNITY AND HOLD HARMLESS OBLIGATIONS APPLY WHETHER THE PERSONAL INJURY, ILLNESS, DEATH, PROPERTY DAMAGE OR LOSS IS SUFFERED BY ONE OR MORE MEMBERS OF THE HALLIBURTON GROUP, CUSTOMER, OR ANY OTHER PERSON OR ENTITY AND THE CUSTOMER WILL SUPPORT SUCH OBLIGATIONS ASSUMED HEREIN WITH LIABILITY INSURANCE TO THE MAXIMUM EXTENT ALLOWED BY APPLICABLE LAW.

D. EQUIPMENT LIABILITY-- Customer shall at its risk and expense attempt to recover any Halliburton equipment lost or lodged in the well. If the equipment is not recovered or is irreparable, Customer shall pay the replacement cost, unless such loss is caused by Halliburton's sole negligence. If a radioactive source becomes lost or lodged in the well, this agreement will constitute Customer's written agreement under 10 CFR Sec. 39.15 (a) that Customer shall be responsible for meeting all requirements of 10 CFR Sec. 39.15 and any other applicable laws or regulations concerning retrieval, monitoring, decontamination and abandonment, and Customer shall permit Halliburton to observe the recovery or abandonment efforts, all without risk or expense to Halliburton. Customer shall be responsible for damage to or loss of Halliburton equipment, products, and materials while in transit aboard Customer-supplied transportation, even if such is arranged by Halliburton at Customer's request and during loading and unloading from such transport. Customer will also pay for the repair or replacement of Halliburton equipment damaged by corrosion or abrasion due to well effluents.

E. LIMITED WARRANTY - Halliburton warrants only title to the equipment, products, and materials supplied under this agreement and that same are free from defects in workmanship and materials for one year from date of delivery. THERE ARE NO WARRANTIES, EXPRESS OR IMPLIED, OF MERCHANTABILITY, FITNESS OR OTHERWISE BEYOND THOSE STATED IN THE IMMEDIATELY PRECEDING SENTENCE. Halliburton's sole liability and Customer's exclusive remedy in any cause of action (whether in contract, tort, breach of warranty or otherwise) arising out of the sale, lease or use of any equipment, products, or materials is expressly limited to the replacement of such on their return to Halliburton or, at Halliburton's option, to the allowance to Customer of credit for the cost of such items. In no event shall Halliburton be liable for special, incidental, indirect, consequential, or punitive damages. Because of the uncertainty of variable well conditions and the necessity of relying on facts and supporting services furnished by others, HALLIBURTON IS UNABLE TO GUARANTEE THE EFFECTIVENESS OF THE EQUIPMENT, MATERIALS, OR SERVICE, NOR THE ACCURACY OF ANY CHART INTERPRETATION, RESEARCH ANALYSIS, JOB RECOMMENDATION OR OTHER DATA FURNISHED BY HALLIBURTON. Halliburton personnel will use their best efforts in gathering such information and their best judgment in interpreting it, but Customer agrees that Halliburton shall not be liable for and CUSTOMER SHALL INDEMNIFY HALLIBURTON GROUP AGAINST ANY DAMAGES ARISING FROM THE USE OF SUCH INFORMATION, even if such is contributed to by Halliburton's negligence or fault. Halliburton also does not warrant the accuracy of data transmitted by electronic process, and Halliburton will not be responsible for accidental or intentional interception of such data by third parties.

F. GOVERNING LAW - The validity, interpretation and construction of this agreement shall be determined by the laws of the jurisdiction where the services are performed or the equipment or materials are delivered.

G. WAIVER - Customer agrees to waive the provisions of the Texas Deceptive Trade Practices-Consumer Protection Act or any similar federal or state statute to the extent permitted by law.

H. MODIFICATIONS - Customer agrees that Halliburton shall not be bound by any modifications to this agreement, except where such modification is made in writing by a duly authorized executive officer of Halliburton. Requests for modifications should be directed to the Vice President - Legal, 5151 San Felipe, Houston, Texas 77056.

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

API NO. 15- 067-21397-0000

County Grant

NE - NE - NE Sec. 29 Twp. 27S Rge. 37 E
X W

330 Feet from SW (circle one) Line of Section

330 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 Earl B. Williams Gas Unit Well # 4HI

Field Name Hugoton

Producing Formation Chase

Elevation: Ground 3065.56' KB 3071.5'

Total Depth 2710' PBDT 2618'

Amount of Surface Pipe Set and Cemented at 453 Feet

Multiple Stage Cementing Collar Used? Yes X No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 2715 feet depth to surface w/ 530 sx cmt.

Drilling Fluid Management Plan AH-2, 2-11-98 U.C.
(Data must be collected from the Reserve Pit)

Chloride content 5600 ppm Fluid volume 400 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 PO Box 800 Room 924

City/State/Zip Denver, CO 80201

Purchaser: Williams Natural Gas

Operator Contact Person: Susan R. Potts

Phone (303) 830-5323

Contractor: Name: Cheyenne Drilling

License: 5382

Wellsite Geologist: N/A

Designate Type of Completion
 New Well Re-Entry Workover

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

COPY

If Workover:

Operator: _____

Well Name: _____

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. _____

5/27/97 5/29/97 7/3/97
Spud Date Date Reached TD Completion Date

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 8/27/97

Subscribed and sworn to before me this 27th day of August, 19 97.

Notary Public Debra DePew

Date Commission Expires 11-10-2000

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)

AUG 29 1997

SIDE TWO

Operator Name Amoco Production Company Lease Name Earl B. Williams Gas Unit Well # 4HI

Sec. 29 Twp. 27S Rge. 37 East West County Grant

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 or 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Attach Additional Sheets.) 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy.) List All E.Logs Run: Compensated Spectral Natural Gamma	<input checked="" type="checkbox"/> Log <input type="checkbox"/> Sample Formation (Top), Depth and Datum Name Top Datum Chase 2358' Council Grove 2692'
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COPY

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	12.25"	8.625"	24	453'	Class C	100	2%CC+1/4# Flocele
Production	7.875"	5.5"	14	2715'	Class C Lt Wt Premium Plus Lite	150 530	2%CC+1/4# Flocele 1/4# Flocele

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
2	2391-2401'; 2409-29'; 2460-70'; 2517-27'; 2574-84';	FRAC w/255,136 lbs 12/20 sand and 1394	2391-2618'
	2608-18'	bbls. x-link gelled fresh water. Flush	
		w/55 bbls. gelled fresh water.	

TUBING RECORD	Size <u>2.875" 6.5# J-55 EUE</u>	Set At <u>2632'</u>	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Inj. First Gas 8/21/97 Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas 450 MCFD	Mcf	Water 1 BWPD	Bbls.	Gas-Oil Ratio	Gravity
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Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION

Open Hole Perf. Dually Comp. Commingled 2391-2618'

Other (Specify) _____

Production Interval

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

API NO. 15- 067-21397-0000

County Grant

NE - NE - NE Sec. 29 Twp. 27S Rge. 37 X W

330 Feet from SW (circle one) Line of Section

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Footages Calculated from Nearest Outside Section Corner:
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Field Name Hugoton

Producing Formation Chase

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Multiple Stage Cementing Collar Used? Yes X No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 2715

feet depth to surface w/ 530 sx cmt.

Drilling Fluid Management Plan Att. 2, 2-11-98 UC
(Data must be collected from the Reserve Pit)

Chloride content 5600 ppm Fluid volume 400 bbls

Dewatering method used Dried and Filled

Location of fluid disposal if hauled offsite:

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Quarter Sec. Twp. S Rng. E/W

County _____ Docket No. _____

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City/State/Zip Denver, CO 80201

Purchaser: Williams Natural Gas

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Contractor: Name: Cheyenne Drilling

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Wellsite Geologist: N/A

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:

Operator: _____

Well Name: _____

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. _____

5/27/97 5/29/97 7/3/97
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Signature Susan R. Potts

Title Senior Staff Assistant Date 8/27/97

Subscribed and sworn to before me this 27th day of August, 1997.

Notary Public Debra DePew

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

SIDE TWO

Operator Name Amoco Production Company Lease Name Earl B. Williams Gas Unit Well # 4HI

Sec. 29 Twp. 27S Rge. 37 East West
 County Grant

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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Attach Additional Sheets.) 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy.) List All E.Logs Run: Compensated Spectral Natural Gamma	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table border="0" style="width:100%"> <tr> <td>Name</td> <td>Top</td> <td>Datum</td> </tr> <tr> <td>Chase</td> <td>2358'</td> <td></td> </tr> <tr> <td>Council Grove</td> <td>2692'</td> <td></td> </tr> </table>	Name	Top	Datum	Chase	2358'		Council Grove	2692'	
Name	Top	Datum								
Chase	2358'									
Council Grove	2692'									

Y 2000

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Production	7.875"	5.5"	14	2715'	Class C Lt Wt Premium Plus Lite	150 530	2%CC+1/4# Flocele 1/4# Flocele

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	
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TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		2.875" 6.5# J-55 EUE	2632'			
Date of First, Resumed Production, SWD or Inj. First Gas 8/21/97			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 450 MCFD	Mcf	Water 1 BWPD	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 2391-2618'

Other (Specify) _____

Production Interval