

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

ORIGINAL

API NO. 15- 47-50013 047-20, 9810001

Operator: License # 30707

Name: JOE PARR

Address BOX 222

MACKSVILLE, KS 67557

City/State/Zip _____

Purchaser: ENRON GAS PURCHASING

Operator Contact Person: JOE PARR

Phone (316) 995-4331

Contractor: Name: PRATT WELL SERVICE

License: 5893

Wellsite Geologist: NO

Designate Type of Completion:

____ New Well Re-Entry Workover

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

If Workover/Re-Entry: old well info as follows:

Operator: SUN EXPLORATION PRO. CO.

Well Name: SCHNACK PYLE 2

Comp. Date 12-8-81 Old Total Depth 4460

____ Deepening ____ Re-perf. ____ Conv. to Inj/SWD
____ Plug Back ____ PSTD
____ Commingled ____ Docket No. ____
____ Dual Completion ____ Docket No. ____
____ Other (SWD or Inj?) ____ Docket No. ____

12-22-93 1-8-94
SPUD Date OF REENTRY Date Reached TD. Completion Date OF WASHDOWN

County EDWARDS

NW 1/4 - SE 1/4 Sec. 15 Twp. 24 Rng. 16 X U

2235 Feet from (N/W (circle one) Line of Section

2235 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 SCHNACK PYLE Well # 2

Field Name EMBRY

Producing Formation MISSISSIPPI CHAT

Elevation: Ground 2066 KB N/A

Total Depth 4460 PSTD SAME

Amount of Surface Pipe Set and Cemented at 395 Feet

Multiple Stage Cementing Collar Used? NO Yes ____ No ____

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ ex cat.

Drilling Fluid Management Plan REENTRY 8-10-94
(Data must be collected from the Reserve Pit)

Chloride content N/A ppm Fluid volume _____ bbls

Dewatering method used HAULED TO SWD

Location of fluid disposal if hauled offsite:

Operator Name GEE OIL SERVICE

Lease Name HYTER SWD License No. 03546

NE Quarter Sec. 12 Twp. 24 S Rng. 15 E/O

County STAFFORD Docket No. D19913

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colcord
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 Joe Parr

Title Operator Date 2-17-94

Subscribed and sworn to before me this 19 day of FEBRUARY
1994

Notary Public _____

Date Commission Expires 2/8/96

3-10-1994 RECEIVED
STATE CORPORATION COMMISSION

K.C.C. OFFICE USE ONLY

F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received

CONSERVATION DIVISION
Wichita, Kansas

KCC SWD/Rep KSPA
 KGS Plug Other
(Specify)

Operator Name JOE PARR

Lease Name SCHNACK PYLE

Well # 2

MISSISSIPPI

East

County EDWARDS

Sec. 15 Twp. 24 Rge. 16

West

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem tests giving interval tested, time test 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:

N/A

Log Formation (Top), Depth and Datum Sample

Name Top Datum

MISSISSIPPI CHAT 4240 to 4377

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							
SURFACE	N/A	8 ⁵ / ₈ "	N/A	395			
CASING	N/A	5 ¹ / ₂ "	N/A	4460			

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth		Type of Cement	#Sacks Used	Type and Percent Additives
	Top	Bottom			
<input type="checkbox"/> Perforate					
<input type="checkbox"/> Protect Casing					
<input type="checkbox"/> Plug Back <u>N/A</u>					
<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	
	N/A		NO	

TUBING RECORD	Size <u>2³/₈</u>	Set At <u>4380</u>	Packer At <u>NO</u>	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
----------------------	--	--------------------	---------------------	---

Date of First, Resumed Production, <u>1-14-94</u>	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 <u>4</u> Bbls.	Gas <u>80</u> Mcf	Water <u>8</u> Bbls.	<u>1/20</u> Gas-Oil Ratio	<u>27</u> Gravity
-----------------------------------	--------------------	-------------------	----------------------	---------------------------	-------------------

Disposition of Gas:
 Vented Sold Used on Lease
(If vented, submit ACO-18.)

METHOD OF COMPLETION

Open Hole Perf. Dually Comp. Commingled
 Other (Specify)

Production Interval
4279
4336