

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 229 E. William, Suite 500
Wichita, KS 67202
City/State/Zip
Purchaser: Spot Market
Operator Contact Person: Jim Gowens

Phone (316) 262-1515
Contractor: Name: Murfin Drilling
License: 6033
Wellsite Geologist: Ron Osterbuhr

Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD Temp. Abd.
 Gas Inj Delayed Comp.
 Dry Other (Core, Water Supply, etc.)

If ~~OWWO~~: old well info as follows:
Operator: _____
Well Name: _____
Comp. Date _____ Old Total Depth _____

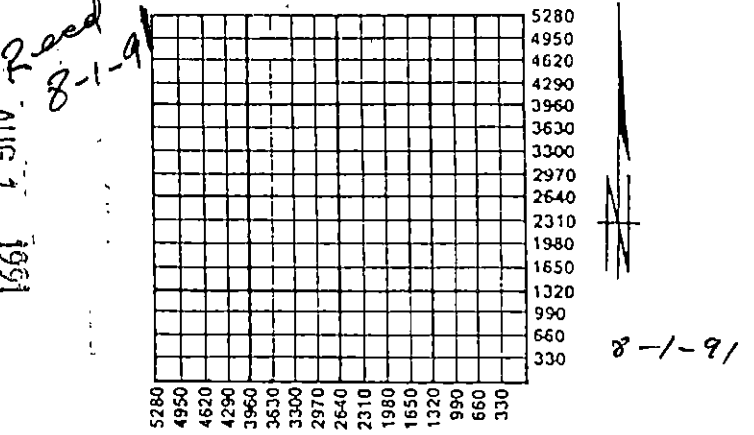
Drilling Method:
 Mud Rotary Air Rotary Cable
1-9-90 1-12-90 5-27-90
Spud Date Date Reached TD Completion Date

API NO. 15- 055-20,901-0000
County Finney
C NW/4 Sec. 05 Twp. 24 Rge. 31 East
 West

3960 Ft. North from Southeast Corner of Section
3960 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)

Lease Name Robel Well # 1-5
Field Name Hugoton
Producing Formation Chase

Elevation: Ground 2910 KB 2918
Total Depth 2720 PBDT 2712

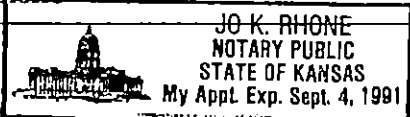


Amount of Surface Pipe Set and Cemented at 384 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 2719
feet depth to Surface w/ 525 sx cmt.

INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date of any well. Rule 82-3-130, 82-3-107 and 82-3-106 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 drillers time log 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. Any recompletion, workover or conversion of a well requires filing of ACO-2 within 120 days from commencement date of such work.

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 [Signature]
Title Exploration Manager Date 8-23-90
Subscribed and sworn to before me this 23rd day of August,
19 90.
Notary Public Jo K. Rhone
Date Commission Expires _____



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

PI

SIDE TWO

Operator Name Hugoton Energy Corporation Lease Name Robel Well # 1-5
 Sec. 05 Twp. 24 Rge. 31 East County Finney
 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Formation Description <input checked="" type="checkbox"/> Log <input type="checkbox"/> Sample Name Top Bottom Base Stone Corral 2058 Chase 2649 Krider 2677
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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		384	class "c"	200	3%cc
Production	7 7/8	4 1/2		2719	lite	400	6% gel
					class "c"	125	1/4# cello-flake

Shots Per Foot	PERFORATION RECORD Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
2	2684-94	Acidize w/1000 gal 15% acid Frac w/23,000 gal + 32,500# sand.	

TUBING RECORD Size 2 3/8 Set At 2702 Packer At N/A Liner Run Yes No

Date of First Production _____ Producing Method Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls. -0-	Gas Mcf 201	Water Bbls. N/A	Gas-Oil Ratio	Gravity
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Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.) **METHOD OF COMPLETION** Production Interval

Open Hole Perforation Dually Completed Commingled
 Other (Specify) _____ 2684-94



DOWELL SCHLUMBERGER INCORPORATED

TREATMENT NUMBER 55-12-2287 DATE 1/8/90
STAGE 211 DS DISTRICT WUSSES 125

WELL NAME AND NO. **ROBEL**
~~GEISER 1-5~~

LOCATION (LEGAL) **SEC 5-24S-31W**

RIG NAME **MURKIN #16** ORIGINAL

FIELD-POOL **MULOTON**

FORMATION **SURFACE CS4**

COUNTY/PARISH **FINNEY**

STATE **KANSAS** API NO

NAME **MULOTON ENERGY**

AND

ADDRESS
ZIP CODE

SPECIAL INSTRUCTIONS
CMT 8 5/8" CASING TO 5380'

WELL DATA		BOTTOM	TOP
BIT SIZE	CSG/Liner Size	8 5/8	
TOTAL DEPTH	WEIGHT	24	
<input type="checkbox"/> ROT <input type="checkbox"/> CABLE	FOOTAGE	389	
MUD TYPE	GRADE		
<input type="checkbox"/> BHST <input type="checkbox"/> BHCT	THREAD	820	
MUD DENSITY	LESS FOOTAGE SHOE JOINT(S)	15	TOTAL
MUD VISC.	Disp Capacity	23.75	23.75

Float	TYPE	DEPTH	Stage Tool	TYPE	DEPTH

IS CASING/TUBING SECURED? YES NO

LIFT PRESSURE PSI CASING WEIGHT - SURFACE AREA (3 1/4 x RP)

PRESSURE LIMIT **3500** PSI BUMP PLUG TO FT No of Centralizers

ROTATE RPM RECIPROCATE FT

Head & Plugs	<input type="checkbox"/> TBG <input type="checkbox"/> DP	SQUEEZE JOB
<input type="checkbox"/> Double <input checked="" type="checkbox"/> Single	SIZE WEIGHT	TOOL TYPE DEPTH
<input type="checkbox"/> Swage <input type="checkbox"/> Knockoff	GRADE THREAD	TAIL PIPE SIZE DEPTH
TOP <input type="checkbox"/> OR <input checked="" type="checkbox"/> W	<input type="checkbox"/> NEW <input type="checkbox"/> USED	TUBING VOLUME Bbls
BOT <input type="checkbox"/> OR <input type="checkbox"/> W	DEPTH	CASING VOL. BELOW TOOL Bbls
		TOTAL Bbls
		ANNUAL VOLUME Bbls

TIME 0001 to 2400 PRESSURE TBG OR DP CASING VOLUME PUMPED BBL INCREMENT CUM

JOB SCHEDULED FOR TIME 1730 DATE 1/8 ARRIVE ON LOCATION TIME 2100 DATE 1/8 LEFT LOCATION TIME 2550 DATE 1/8

TIME	PRESSURE	TBG OR DP	CASING	VOLUME PUMPED BBL	INJECT RATE	FLUID TYPE	FLUID DENSITY	SERVICE LOG DETAIL	
								PRE-JOB SAFETY MEETING	
2237	0	5	-	4.03	H ₂ O	8.33	START LABOR		
2238	90	37.5	62.5	4.03	CMT	12.2	MIX LOAD CMT		
2249	120	23.5	66.0	4.0	CMT	14.8	MIX TAIL CMT		
2256	-	-	66.0	-	-	-	SHUTDOWN - DROP PUL		
2257	0	23.5	-	5.0	H ₂ O	8.33	START DISP.		
2304	-	-	23.5	-	-	-	SHUTDOWN - STOP W HOP		

REMARKS

SYSTEM CODE	NO. OF SACKS	YIELD CU FT/SK	COMPOSITION OF CEMENTING SYSTEMS		SLURRY MIXED		
			BBLs	DENSITY	BBLs	DENSITY	
1	100	2.1	35/65 (D=2/4) + 30/70 + 1/4 #1/2 = D29	37.5	12.2	23.5	14.8
2	100	1.32	CLASS C + 30/70				
3							
4							
5							
6							

BREAKDOWN FLUID TYPE	VOLUME	DENSITY	PRESSURE	MAX.	MIN.
<input type="checkbox"/> HESITATION SQ <input type="checkbox"/> RUNNING SQ	CIRCULATION LOST	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Cement Circulated To Surf	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	10 Bbls
BREAKDOWN	PSI FINAL	PSI	DISPLACEMENT VOL	23.75	Bbls
Washed Thru Parts <input type="checkbox"/> YES <input type="checkbox"/> NO	TO	FT	MEASURED DISPLACEMENT		<input type="checkbox"/> WIRELINE
PERFORATIONS	CUSTOMER REPRESENTATIVE	DS SUPERVISOR	JOE Lima		