

15-055-10033-00-01  
**ORIGINAL**

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: Eldredge Well Service  
License: 9567  
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 Workovers:  
Operator: Amoco Production Company  
Well Name: Alvin Beyer Gas Unit #2  
Comp. Date 3/28/53 Old Total Depth 4700'  
 Deepening  Re-perf.  Conv. to Inj/SWD  
 Plug Back  PBTD  
 Commingled Docket No. \_\_\_\_\_  
 Dual Completion Docket No. \_\_\_\_\_  
 Other (SWD or Inj?) Docket No. \_\_\_\_\_  
(Acid Job)  
3/4/97 Start Date of Re-Entry      3/14/97 Completion Date of Re-Entry

API NO. 15- N/A  
County Finney  
C - SE - NE - SW Sec. 24 Twp. 26S Rge. 33  E/W  
2310 Feet from S/N (circle one) Line of Section  
1650 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 Alvin Beyer Gas Unit Well # 2  
Field Name Hugoton  
Producing Formation Chase  
Elevation: Ground 2913' KB 2923'  
Total Depth 2700' PBTD 2674'  
Amount of Surface Pipe Set and Cemented at 937 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set \_\_\_\_\_ Feet  
If Alternate II completion, cement circulated from \_\_\_\_\_  
feet depth to \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.

Drilling Fluid Management Plan Pit Not Needed. **REENTRY** *gjk*  
(Data must be collected from the Reserve Pit) **3/31/98**  
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. \_\_\_\_\_

**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 8/7/97  
Subscribed and sworn to before me this 7th day of August, 1997.  
Notary Public [Signature]  
KANSAS CORPORATION COMMISSION 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)

AUG 08 1997  
8-897 1070 BROADWAY  
DENVER, CO 80201  
CONSERVATION DIVISION  
WICHITA, KS

**SIDE TWO**

Operator Name Amoco Production Company Lease Name Alvin Beyer Gas Unit Well # 2

Sec. 24 Twp. 26S Rge. 33  East  West  
 County Finney

**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  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: Compensated Spectral Natural Gamma

<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datums	<input type="checkbox"/> Sample
Name	Top	Datum
Herrington	2620'	+297'
Krider	2640'	+277'
Winfield	2674'	+243'
Towanda	2732'	+185'
Fort Riley	2790'	+127'

CASING RECORD <input type="checkbox"/> New <input checked="" type="checkbox"/> (From Original Completion) 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	N/A	8"	N/A	937'	N/A	500	N/A-Old deep test well
Production	7.875"	5.5"	14	2851'	N/A	N/A	N/A

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
6	2614-34'; 2644-54'; 2677-98'(Original Completion)	Acidize w/24 bbls. 15% HCL and flush	2762-2772'
2	2762-2772'; Set CIBP at 2674'	w/ 25 bbls. 2% Potassium Chloride.	

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		2.375" 4.7# J-55 EUE T&C	2663'			
Date of First, Resumed Production, SWD or Inj. Resumed Production 3/25/97			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 200 MCFD	Water 5 BWP	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 2614-2654'

Other (Specify) \_\_\_\_\_



HALLIBURTON ENERGY SERVICES

HAL 1906-P

CHARGE TO  
**AMOCO PRODUCTION Co**  
 ADDRESS  
 CITY STATE ZIP CODE  
**ULYSSES KS**

CUSTOMER COPY

TICKET

No: **140101 - 5**

PAGE 1 OF 1

1. SERVICE LOCATIONS <b>WOODWARD</b>	2. WELL/PROJECT NO <b>2</b>	3. LEASE <b>ALVIN BEYER</b>	4. COUNTY/PARISH <b>Finney</b>	5. STATE <b>KS</b>	6. CITY/OFFSHORE LOCATION	7. DATE <b>3-14-97</b>	8. OWNER <b>SAME</b>	
9. TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	10. NITROGEN JOB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	11. CONTRACTOR	12. RIG NAME/NO	13. SHIPPED VIA <b>CT Wellsite P</b>	14. DELIVERED TO	15. ORDER NO		
16. WELL TYPE <b>02</b>	17. WELL CATEGORY <b>01</b>	18. JOB PURPOSE <b>830</b>	19. WELL PERMIT NO	20. WELL LOCATION <b>LAND</b>	REFERRAL LOCATION			INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE PART NUMBER	ACCOUNTING LOC ACCT DF	DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
750730			MILEAGE Logging Unit	110	mi			2.99	328.90
750755			Mileage Pickup	110	mi			1.60	176.00
750500			SER. CHG	1	EA			900.00	900.00
751100			PACK OFF	1	EA			200.00	200.00
757000			PLUG DEPTH	2614	Ft			.25	668.50
757200			GR PERF	2700	Ft			.30	810.00
757018			DB Plug	1	EA			550.00	550.00
750507			EPS	1	EA			75.00	75.00

ORIGINAL

**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

SUB SURFACE SAFETY VALVE WAS  
 PULLED & RETURN  PULLED  RUN

SURVEY

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

DATE SIGNED: **3-14-97** TIME SIGNED:  A.M.  P.M.

do not require IPC (Instrument Protection)  Not offered

CUSTOMER OR CUSTOMER'S AGENT (PLEASE PRINT) **X**

CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE) **X**

HALLIBURTON OPERATOR/ENGINEER **K. DAVIS** EMP # **CO987**

HALLIBURTON APPROVAL

PAGE TOTAL **3708**

FROM CONTINUATION PAGE(S)

SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE: **1656**

07/25/1997 12:28 3163566934 AMOCO ULYSSES 15-055-100033-00-0 Page 2 of 2