

SIDE ONE

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

S

API NO. 15- 055-20, 839-0000
County Finney
NE NE Sec. 7 Twp. 26 Rge. 34 East West

Operator: License # 6417

4620 Ft. North from Southeast Corner of Section

Name: Union Pacific Resources Company

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

Address 801 Cherry Street

P. O. Box 7 - MS 3407

Lease Name Reeve Well # 4-7

City/State/Zip Fort Worth, TX 76102

Field Name Wildcat

Purchaser: Colorado Interstate Gas

Producing Formation Mississippi, Morrow, Marmaton

Operator Contact Person: Joy L. Prohaska

Elevation: Ground 3023' KB 3034'

Phone (817) 877-7956

Total Depth 5300' PBDT 5253' (float collar)

Contractor: Name: Rains & Williamson

License: 5146

Wellsite Geologist: N/A

Designate Type of Completion
 New Well Re-Entry Workover

Oil SWD Temp. Abd.
 Gas Inj Delayed Comp.
 Dry Other (Core, Water Supply, etc.)

If OMO: old well info as follows:

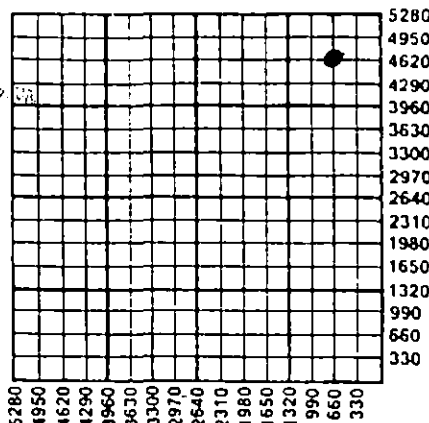
Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Drilling Method:
 Mud Rotary Air Rotary Cable

11-29-88 12-8-88 1-14-89
Spud Date Date Reached TD Completion Date



Amount of Surface Pipe Set and Cemented at 912 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.

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 John M. Hillier / John M. Hillier

Title Senior Engineer Date 7-26-89

Subscribed and sworn to before me this 26 day of July, 19 89.

Notary Public Sharon L. Cunningham

Date Commission Expires May 23, 1993



SHARON L CUNNINGHAM
Notary Public
STATE OF TEXAS

My Comm. Exp. May 23, 1993

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)

Form ACO-1 (7-89)

SIDE TWO

Operator Name Union Pacific Resources Company Lease Name Reeves Well # 4-7
 Sec. 7 Twp. 26 Rge. 32 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Attach Additional Sheets.) 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy.) DST #1 - Test interval 4520-4659' IFP=15 min/64-193 psi ICIP=60 min/1218 psi FFP=60 min FCIP=120 min/1186 psi DP REC=600' OCM + 400' OGCM no gas to surf.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3">Formation Description</th> </tr> <tr> <td><input checked="" type="checkbox"/> Log</td> <td colspan="2"><input type="checkbox"/> Sample</td> </tr> <tr> <td style="text-align: center;">Name</td> <td style="text-align: center;">Top</td> <td style="text-align: center;">Bottom</td> </tr> <tr> <td>Chase</td> <td style="text-align: center;">2560</td> <td></td> </tr> <tr> <td>Council Grove</td> <td style="text-align: center;">2828</td> <td></td> </tr> <tr> <td>Lansing/KC</td> <td style="text-align: center;">3936</td> <td></td> </tr> <tr> <td>Ft. Scott</td> <td style="text-align: center;">4643</td> <td></td> </tr> <tr> <td>Morrow</td> <td style="text-align: center;">4917</td> <td></td> </tr> <tr> <td>Mississippi</td> <td style="text-align: center;">5012</td> <td></td> </tr> </table> <p style="text-align: center; font-weight: bold;">THIS WELL WILL BE RECOMPLETED AS A CHASE INFILL GAS WELL</p>	Formation Description			<input checked="" type="checkbox"/> Log	<input type="checkbox"/> Sample		Name	Top	Bottom	Chase	2560		Council Grove	2828		Lansing/KC	3936		Ft. Scott	4643		Morrow	4917		Mississippi	5012	
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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
Conductor		16		74			
Surface	12-1/4	8-5/8	24	912	HLC 'C'	200 150	2% CACL 2% CACL
Production	7-7/8	5-1/2	14	5300	50/50 Poz	1350	3% KCL
PERFORATION RECORD				Acid, Fracture, Shot, Cement Squeeze Record			
Shots Per Foot	Specify Footage of Each Interval Perforated			Amount and Kind of Material Used			Depth
4	5124-5138			1500 gal HCL w/Balls			OA
4	4611-4618			1000 Gal HCL w/ Balls			OA
4	4526-4532			3000 Gal HCL			OA
ALL ZONES TESTED DRY - SET CIBP @ 4450'							
TUBING RECORD				Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Date of First Production		Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		Size		Set At	
Delayed Comp.				Packer At			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity		

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

METHOD OF COMPLETION

Open Hole Perforation Dually Completed Commingled

Other (Specify) _____

Production Interval _____

PENDING CHASE RECOMPLETION