

SIDE ONE

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

API NO. 15- 055-20, 828 - 0000

County FINNEY

NE SE Sec. 5 Twp. 26 Rge. 34 X East West

1980 Ft. North from Southeast Corner of Section

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

Lease Name Wm. MOODY Well # 3-5

Field Name WILDCAT

Producing Formation MISSISSIPPI, MORROW

Elevation: Ground 2970 KB 2978

Total Depth 5247 PBDT 3100' (CIBP)

Operator: License # 6417

Name: Union Pacific Resources Company

Address 801 Cherry Street

P.O. Box 7 - MS 3407

City/State/Zip Fort Worth, TX 76101-0007

Purchaser: COLORADO INTERSTATE GAS

Operator Contact Person: J. L. PROHASKA

Phone (817) 877-7956

Contractor: Name: RAINS & WILLIAMS

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 OWMO: old well info as follows:

Operator: _____

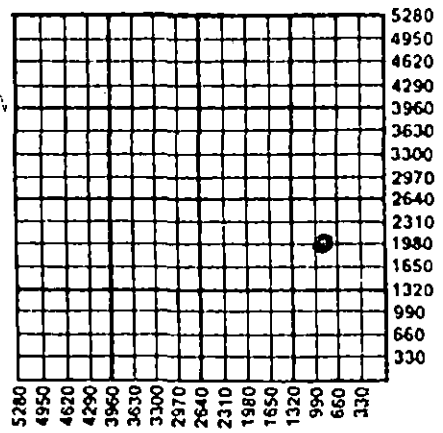
Well Name: _____

Comp. Date _____ Old Total Depth _____

Drilling Method:
 Mud Rotary Air Rotary Cable

11-1-88 11-12-88 2-14-89

Spud Date 11-1-88 Date Reached TD 11-12-88 Completion Date 2-14-89



Amount of Surface Pipe Set and Cemented at 906 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.

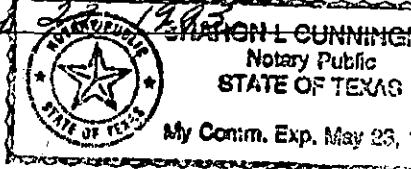
All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature [Signature]
Title SENIOR ENGINEER Date 7-26-89

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

Notary Public [Signature]

Date Commission Expires May 23, 1991



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)

SIDE TWO

Operator Name Union Pacific Resources Company Lease Name Wm. MOODY Well # 3-5
 Sec. 5 Twp. 26 Rge. 34 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 checked="" type="checkbox"/> Yes <input 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#1:4468-4525'//IFP=15MIN//ICIP=15MIN/1192PSI//FFP=60MIN// FCIP=120MIN/1192PSI//DP REC=300' GAS + 30' OCMW + 900' SW DST#2:4916'-5025'//IFP=15MIN/48PSI//ICIP=60MIN/96PSI//FFP=60MIN/ 64PSI//FCIP=120MIN/80PSI//DP REC=25'MUD W/SHOE OF DEAD OIL	<p style="text-align: center;">Formation Description</p> <p><input checked="" type="checkbox"/> Log <input type="checkbox"/> Sample</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Bottom</th> </tr> </thead> <tbody> <tr><td>CHASE</td><td>2502</td><td></td></tr> <tr><td>COUNCIL GROVE</td><td>2778</td><td></td></tr> <tr><td>LANCING KC</td><td>3888</td><td></td></tr> <tr><td>FT. SCOTT</td><td>4594</td><td></td></tr> <tr><td>MORROW</td><td>4868</td><td></td></tr> <tr><td>MISS</td><td>4960</td><td></td></tr> </tbody> </table>	Name	Top	Bottom	CHASE	2502		COUNCIL GROVE	2778		LANCING KC	3888		FT. SCOTT	4594		MORROW	4868		MISS	4960	
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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		42			
SURFACE	12 1/4	8 5/8	24	906	LITE 'C'	200 150	2% CaCl 2% CaCl
PRODUCTION	7 7/8	5 1/2	14	5300	50/50 POZ	275	3% KCl
PERFORATION RECORD				Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Depth			
Shots Per Foot	Specify Footage of Each Interval Perforated						
4	4976-4982; 4872-4884; 4486-4500			1000 GAL 7 1/2% HCl + BALLS + 1350 GAL MUD ACID			OA
	ABN'D ZONES W/ CIBP @ 3100'						
TUBING RECORD				Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date of First Production COMP DELAYED		Producing Method <input 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	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: _____

This well will be recompleted as a Chase infill gas well as soon as state approvals are received.