

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

Operator: License # 30561
Name: Chew Petroleum Corporation
Address p.O. Box 90
Lyons, KS 67554-0090
City/State/Zip
Purchaser: _____
Operator Contact Person: Bill Chew
Phone (316) 257-5587
Contractor: Name: Duke Drilling Co., Inc.
License: 5929
Wellsite Geologist: _____
Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, MSW, Expl., Cathodic, etc)

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

Operator: Patton Oil Company
Well Name: Richardson #1
Comp. Date 3-29-79 old Total Depth 2395
 Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBSD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____
03-06-94 03-11-94
Spud Date Date Reached TD Completion Date

API NO. 15- 095-20,794-00-01
County Kingman
C -NE -NW - Sec. 23 Twp. 27 Rge. 10 E
4620 Feet from SN (circle one) Line of Section
3300 Feet from EW (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)
Lease Name Murphey Well # 1
Field Name Dresdent
Producing Formation Non commercial
Elevation: Ground 1721 KB 1729
Total Depth 4435' PBSD _____
Amount of Surface Pipe Set and Cemented at 218 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 cnt.

Drilling Fluid Management Plan D&A JH 1-18-95
(Data must be collected from the Reserve Pit)
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, 200 Colorado 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 [Signature]
Title Pres. Date 5-25-94
Subscribed and sworn to before me this 25 day of May 19 94.
Notary Public Susan Clark
Date Commission Expires 11-3-97

RECEIVED
STATE CORPORATION COMMISSION 6-16-94

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

SUSAN CLARK
NOTARY PUBLIC
STATE OF KANSAS
MY APPT. EXPIRES 11-3-97

Operator Name Chew Petroleum Corp. Lease Name Murphey Well # 1
 Sec. 23 Twp. 27 Rge. 10 East County Kingman
 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Lans KC	3493	1764
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Missippian	4020	2291
List All E.Logs Run:		Viola	4289	2569
Dual Induction		Simpson	4402	2673
Density				

CASING RECORD <input type="checkbox"/> New <input checked="" 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
Surface		8-5/8"		218'			
Production	7-7/8"	5 1/2"	14#	4431'	60/40 poz	125	2%gel 10%salt

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	Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)	Depth
	no bridge plug	Fracture	4028-38'
2	4028' - 4038'		
1	4299' - 4302'		
2	4404' - 4406'		

TUBING RECORD	Size 2 7/8	Set At 4000	Packer At na	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj.	production was never realized			
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 na	Bbls.	Gas Mcf	Water Bbls. some
				Gas-Oil Ratio none
				Gravity

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

METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval: None



P.O. BOX 1598 PHONE (316) 262-5861
WICHITA, KANSAS 67201

Elevation 1721 GL Formation MIS Eff. Pay Fr.

District CENTRAL Date 3-9-74 Customer Order No. _____

COMPANY NAME Chew Petroleum Corporation ADDRESS P.O. Box 90 Lyons Mo. 63554-0090

ORIGINAL

BASE AND WELL NO. Murphy #1 COUNTY Kimber STATE Mo. Sec. 23 Twp. 27 Rge. 10

Oil Invoice To Same Co. Name #1 Murphy Address Quwo No. Copies Requested 1
Oil Charts To Same No. Copies Requested 1

Formation Test No. 1 Interval Tested From 3977 ft. to 4024 ft. Total Depth 4024 ft.

Packer Depth 3977 ft. Size 2 7/8 in. Packer Depth ft. Size in.
Packer Depth 3977 ft. Size 2 7/8 in. Packer Depth ft. Size in.

Depth of Selective Zone Set _____
Top Recorder Depth (Inside) 3980 ft. Recorder Number 10270 Cap. 4150
Bottom Recorder Depth (Outside) 3980 ft. Recorder Number 13550 Cap. 4175
Flow Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____

Drilling Contractor Duke Delt Drill Collar Length _____ I. D. _____ in.
Mud Type Chemical Viscosity 850 Weight Pipe Length _____ I. D. _____ in.
Weight 9.8 Water Loss 9.2 cc. Drill Pipe Length 3955 I. D. 3.0 in.
Chlorides 2000 P.P.M. Test Tool Length 22 ft. Tool Size 5 1/2 in.
Mud: Make _____ Serial Number _____ Anchor Length 17 ft. Size 5 1/2 in.
Old Well Flow? _____ Reversed Out _____ Surface Choke Size 3/4 in. Bottom Choke Size 3/4 in.
Main Hole Size 7 7/8 in. Tool Joint Size 4 1/2 in.

Flow: OK - Water flow throughout 1/2" to 3/4" flow
OK - Water flow throughout 1/2" flow

Recovered 10 ft. of Mud
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Chlorides _____ P.P.M. Sample Jars used 1 Remarks: _____

Time On Location 7:40 AM Time Pick Up Tool 8:30 AM Time Off Location _____ AM
PM PM PM

Time Set Packer(s) 10:12 AM Time Started Off Bottom 11:20 AM Maximum Temperature 117
PM PM PM

Initial Hydrostatic Pressure _____ (A) _____ P.S.I.
Initial Flow Period _____ Minutes 30 (B) 20 P.S.I. to (C) 20 P.S.I.
Initial Closed In Period _____ Minutes 30 (D) 30 P.S.I.
Final Flow Period _____ Minutes 30 (E) 20 P.S.I. to (F) 20 P.S.I.
Final Closed In Period _____ Minutes 30 (G) 20 P.S.I.
Final Hydrostatic Pressure _____ (H) 1941 P.S.I.

COMPANY TERMS
Western Testing Co., Inc. shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained directly or indirectly through the use of its equipment, of its statements or opinion concerning the results of any test. Tools lost or damaged in the hole shall be paid at cost by the party for whom the test is made.
All charges subject to 12% interest after 60 days from date of invoice. Any expense incurred for collection will be added to the original amount.
Test Approved By _____
Signature of Customer or his authorized representative
Western Representative _____

FIELD INVOICE
Open Hole Test \$ _____
Mistrun \$ _____
Straddle Test \$ _____
Jars \$ _____
Selective Zone \$ _____
Safety Joint \$ _____
Standby \$ _____
Evaluation \$ _____
Extra Packer \$ _____
Circ. Sub. \$ _____
Mileage \$ _____
Fluid Sampler \$ _____
Extra Charts \$ _____

RECEIVED
NOV 10 1974
WICHITA, KANSAS
CONSERVATION DIVISION



P. O. BOX 1599, PHONE (316) 262-5861
WICHITA, KANSAS 67201

FORMATION TESTING TICKET No 19035

Elevation 1721 GL Formation MISS Eff. Pay Ft.

District GREAT Bend Date 3-9-94 Customer Order No.

COMPANY NAME Chew Petroleum Corporation

ADDRESS P.O. Box 90 Lyons, Ks 62554-0090 ORIGINAL

LEASE AND WELL NO Murphy #1 COUNTY Kingman STATE Ks Sec. 23 Twp. 27 Rge. 10

Mail Invoice To Same Co. Name Address No. Copies Requested Req

Mail Charts To Same Co. Name Address No. Copies Requested Req

Formation Test No. 2 Interval Tested From 4025 ft. to 4046 ft. Total Depth 4046 ft.

Packer Depth 4020 ft. Size 6 5/8 in. Packer Depth ft. Size in.

Packer Depth 4025 ft. Size 6 5/8 in. Packer Depth ft. Size in.

Depth of Selective Zone Set

Top Recorder Depth (Inside) 4038 ft. Recorder Number 10270 Cap. 4150

Bottom Recorder Depth (Outside) 4041 ft. Recorder Number 13550 Cap. 4125

Below Straddle Recorder Depth ft. Recorder Number Cap.

Drilling Contractor Duke Delg rig 2 Drill Collar Length I. D. in.

Mud Type CHEMICAL Viscosity 150 Weight Pipe Length I. D. in.

Weight 9 Water Loss 10.4 cc. Drill Pipe Length 4003 I. D. 3.8 in.

Chlorides 5000 P.P.M. Test Tool Length 22 ft. Tool Size 5 1/2 in.

Jars: Make Serial Number Anchor Length 21 ft. Size 5 1/2 in.

Did Well Flow? Reversed Out Surface Choke Size 3/4 in. Bottom Choke Size 3/4 in.

Main Hole Size 7 7/8 in. Tool Joint Size 4 1/2 XH in.

Blow: IF - WEAK building TO A STRONG Blow in 4 min.

EF - WEAK building TO A STRONG Blow in 16 min

Recovered 585 ft. of GAS in Pipe

Recovered 25 ft. of OIL & GAS cut mud 5% oil 3% GAS 92% mud

Recovered 60 ft. of Slight Oil cut muddy water 1% oil 16% mud 83% WATER

Recovered 60 ft. of Muddy WATER 3% mud 97% WATER

Recovered ft. of 4/ show of oil

Chlorides 83000 P.P.M. Sample Jars used 4 Remarks:

Time On Location 7:40 P.M. Time Pick Up Tool 6:05 P.M. Time Off Location P.M.

Time Set Packer(s) 7:25 P.M. Time Started Off Bottom 10:25 P.M. Maximum Temperature 120

Initial Hydrostatic Pressure (A) 1923 P.S.I.

Initial Flow Period 30 Minutes (B) 47 P.S.I. to (C) 62 P.S.I.

Initial Closed In Period 45 Minutes (D) 852 P.S.I.

Final Flow Period 45 Minutes (E) 83 P.S.I. to (F) 104 P.S.I.

Final Closed In Period 60 Minutes (G) 811 P.S.I.

Final Hydrostatic Pressure (H) 1952 P.S.I.

COMPANY TERMS

Western Testing Co., Inc. shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained directly or indirectly through the use of its equipment, of its statements or opinion concerning the results of any test. Tools lost or damaged in the hole shall be paid at cost by the party for whom the test is made.

All charges subject to 12% interest after 60 days from date of invoice. Any expense incurred for collection will be added to the original amount.

Test Approved By: [Signature]
Signature of Customer or his authorized representative

Western Representative Ray Schwager Thank
404

RECEIVED FIELD INVOICE

STATE CORPORATION Commission	Open Hole Test	\$
	Misrun	\$
	Straddle Test	\$
	Jars	\$
CONSERVATION DISTRICT	Selective Zone	\$
Wichita, Kansas	Surface Joint	<input checked="" type="checkbox"/>
	Standby	\$
	Evaluation	\$
	Extra Packer	\$
	Circ. Sub.	\$
	Mileage	\$
	Fluid Sampler	\$
	Extra Charts	\$
	Insurance	\$