

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

API NO. 15- 093-21494-0000 ORIGINAL

County Kearny
SE NE Sec. 1 Twp. 24S Rge. 35 XX ^E/_W

3690 Feet from (S)N (circle one) Line of Section
1250 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 Garden 'A' Well # 5

Field Name Wildcat

Producing Formation Chase

Elevation: Ground 2979.4' KB 2982.4'

Total Depth 5000' PBDT 3046'

Amount of Surface Pipe Set and Cemented at 1710' Feet

Multiple Stage Cementing Collar Used? Yes XX No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from NA

_____ feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan ALT 1 JN 4-8-97
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume 1785 bbls

Dewatering method used Evaporation

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

_____ Quarter Sec. _____ Twp. _____ S Rng. _____ E/W
County _____ Docket No. _____

Operator: License # 6417
Name: Union Pacific Resources Company
Address: PO Box 7, MS 3006
801 Cherry Street (76012)
City/State/Zip Fort Worth, TX 76101
Purchaser: Koch Pipeline LP
Operator Contact Person: Beth Wetzel
Phone (817) 877-7958
Contractor: Name: Abercrombie RTD, Inc.
License: 30684
Wellsite Geologist: Mike Cameron

Designate Type of Completion
XX New Well _____ Re-Entry _____ Workover _____
Oil _____ SWD _____ SIGW _____
XX Gas _____ ENHR _____ SIGW _____
Dry _____ Other (Core, WSW, Expl., Cathodic, etc) _____

If Workover:
Operator: _____
Well Name: WICHITA, KS
Comp. Date _____ Old Total Depth _____

Deepening _____ Re-perf. _____ Conv. to Inj/SWD _____
Plug Back _____ " _____ PBDT _____
Commingled _____ Docket No. _____
Dual Completion _____ Docket No. _____
Other (SWD or Inj?) _____ Docket No. _____
02/26/96 03/06/96 05/20/96
Spud Date Date Reached TD Completion Date

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APR 08 1997
4-8-97

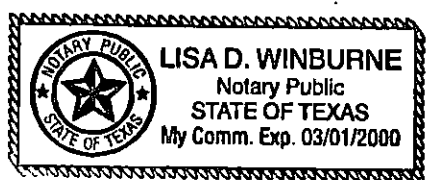
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information on side 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 Beth Wetzel Beth Wetzel
Title Regulatory Analyst Agent Date 04/07/97

Subscribed and sworn to before me this 7th day of April, 19 97.
Notary Public Lisa D. Winburne
Date Commission Expires 3-1-2000

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)



ORIGINAL

SIDE TWO

Operator Name Union Pacific Resources Company Lease Name Garden 'A' Well # 5
County Kearny
Sec. 1 Twp. 24S Rge. 35 East 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.)
Samples Sent to Geological Survey
Cores Taken
Electric Log Run (Submit Copy.)
List All E.Logs Run: Array Ind./SP, Comp. Neutron/GR/Microlog
Log = Formation (Top), Depth and Datum
Table with columns: Name, Top, Datum. Includes entries like Red Cave, Hollanburg, Herrington, etc.

CASING RECORD
Report all strings set-conductor, surface, intermediate, production, etc.
Table with columns: 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.

ADDITIONAL CEMENTING/SQUEEZE RECORD
Table with columns: Purpose, Depth Top Bottom, Type of Cement, #Sacks Used, Type and Percent Additives.

PERFORATION RECORD - Bridge Plugs Set/Type
Acid, Fracture, Shot, Cement Squeeze Record
Table with columns: Shots Per Foot, Specify Footage of Each Interval Perforated, (Amount and Kind of Material Used), Depth.

TUBING RECORD
Date of First, Resumed Production, SWD or Inj.
Producing Method
Estimated Production Per 24 Hours
Table with columns: Oil Bbls., Gas Mcf, Water Bbls., Gas-Oil Ratio, Gravity.

Disposition of Gas:
METHOD OF COMPLETION
Production Interval
Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
Other (Specify)

CEMENTING SERVICE REPORT

Schlumberger

Dowell

DOWELL SCHLUMBERGER INCORPORATED

15-093-21494-0000

TREATMENT NUMBER	DATE
STAGE	DS DISTRICT

DS-496-A PRINTED IN U.S.A.

WELL NAME AND NO. **Garden City A#5**
 FIELD POOL **Wildcat**
 COUNTY/PARISH **Kearny**
 STATE **K.S.** API. NO. _____
 NAME _____
 AND _____
 ADDRESS _____
 ZIP CODE _____

RIG NAME: _____
 WELL DATA: _____
 BIT SIZE **7** CSG/Liner Size **5**
 TOTAL DEPTH **77** WEIGHT **171**
 ROT CABLE FOOTAGE **200**
 MUD TYPE GRADE _____
 BHST BHCT THREAD **5/8"**
 MUD DENSITY LESS FOOTAGE SHOE JOINT(S) **12.1**
 MUD VISC. Disp. Capacity **745**

ORIGINAL

SPECIAL INSTRUCTIONS
*Double, plug back & cement 1/2" hole
 with 200 sacks cement*

IS CASING/TUBING SECURED? YES NO
 LIFT PRESSURE **1800** PSI CASING WEIGHT + SURFACE AREA (3.14 x R²)
 PRESSURE LIMIT **2000** PSI BUMP PLUG TO **1200** PSI
 ROTATE _____ RPM RECIPROCATE **10** FT No. of Centralizers **10**

Foot	TYPE	DEPTH	Stage Tool	TYPE	DEPTH
	DEPTH	DEPTH		TYPE	DEPTH
SHOE	TYPE	DEPTH	Stage Tool	TYPE	DEPTH
	DEPTH	DEPTH		TYPE	DEPTH

Head & Plugs TBG D.P. SQUEEZE JOB
 Double SIZE **4 1/2** TOOL TYPE
 Single WEIGHT **12** DEPTH
 Swage GRADE TAIL PIPE: SIZE DEPTH
 Knockoff THREAD **3/4"** TUBING VOLUME Bbls
 TOP OR DW NEW USED CASING VOL. BELOW TOOL Bbls
 BOT OR DW DEPTH **107.6** TOTAL Bbls
 ANNUAL VOLUME Bbls

TIME	PRESSURE		VOLUME PUMPED BBL		JOB SCHEDULED FOR TIME: 2:00 DATE: 2-7			ARRIVE ON LOCATION TIME: 2:45 DATE: 7		LEFT LOCATION TIME: _____ DATE: _____	
	TBG OR D.P.	CASING	INCREMENT	CUM	INJECT RATE	FLUID TYPE	FLUID DENSITY	SERVICE LOG DETAIL			
0001 to 2400								PRE-JOB SAFETY MEETING			
2:59		180	1	x	4	H ₂ O	9.3	START H ₂ O			
3:02		170	14	12	4	CMT	14.8	CMT			
3:06		40	3	26	4	H ₂ O	9.3	H ₂ O			
3:07		150	50	29	7	MUD	9.3	MUD			
3:11		180		79	7			SHUT DOWN			
11:57		2000		x		H ₂ O	9.3	START TEST			
11:58		260	20	x	6	11	11	START H ₂ O			
12:02		310	77	20	6	CMT	12.2	START 10 CMT			
12:16		130	72	77	6	CMT	14.4	START 10 CMT			
12:29				169	6	H ₂ O	9.3	SHUT DOWN - WASH TO PIT			
12:33		70	75	x	6	11	11	CORRECTIVE ACTION			
12:44		760		65	6	11	11	LOWER RATE			
12:45		690		68	2	11	11	PSI CHECK			
12:49		1200		75	2	11	11	BUMP PLUG			
12:50								BLEEDLINE CHECK FLAG			

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REMARKS **Gained 25 KTS TL FOR RATE HOLE 5 BLS**

SYSTEM CODE	NO. OF SACKS	YIELD CU. FT/SK	COMPOSITION OF CEMENTING SYSTEMS		WATER/SLURRY MIXED	
			BLS	DENSITY	BLS	DENSITY
1	50	1.32	Cement	PLUG BACK CMT.	12	14.8
2						
3	300	2.13	25% C-6	75% D-10	70	12.2
4						
5	330	1.29	30% C-6	70% D-10	77	14.4
6						

BREAKDOWN FLUID TYPE
 HESITATION SO. RUNNING SO. CIRCULATION LOST YES NO Cement Circulated To Surf. YES NO **TRICKLES** Bbls
 BREAKDOWN PSI FINAL PSI DISPLACEMENT VOL. **75** Bbls
 Washed Thru Perfs YES NO TO FT. MEASURED DISPLACEMENT **5** WIRELINE
 PERFORATIONS TO TO CUSTOMER REPRESENTATIVE DS SUPERVISOR

CEMENTING SERVICE REPORT

Schlumberger

15-093-21494-0000

DOWELL SCHLUMBERGER INCORPORATED

TREATMENT NUMBER 2177	DATE 2-27-96
STAGE 1	DS 07
DISTRICT 12	

DS-496-A PRINTED IN U.S.A.

WELL NAME AND NO. Golden City A-5	LOCATION (LEGAL) SEC. 1-245-352
FIELD/POOL Houston	FORMATION SURF
COUNTY/PARISH W. Carroll	STATE KS
API NO.	

RIG NAME Abel Clomac #4	WELL DATA	BOTTOM	TOP
BIT SIZE 12 1/4	CSG/Lin. Size	8 5/8	
TOTAL DEPTH 1715	WFIGHT	23	
ROOT () CABLE	FOOTAGE	1710	ORIGINAL
MUD TYPE	GRADE		
<input type="checkbox"/> BHST	THREAD	880	
<input type="checkbox"/> BHCT	LESS FOOTAGE SHOEL JOINT(S)	1668	TOTAL
MUD DENSITY	Disp Capacity	1060	

NAME **UPRC**

AND _____

ADDRESS _____

ZIP CODE _____

NOTE: Include footage from casing level to head in Disp. Capacity																
<table border="1"> <tr> <td>TYPE</td> <td>WAF. Note</td> <td>TYPE</td> <td></td> </tr> <tr> <td>DEPTH</td> <td>1668</td> <td>DEPTH</td> <td></td> </tr> <tr> <td>TYPE</td> <td></td> <td>TYPE</td> <td></td> </tr> <tr> <td>DEPTH</td> <td>1710</td> <td>DEPTH</td> <td></td> </tr> </table>	TYPE	WAF. Note	TYPE		DEPTH	1668	DEPTH		TYPE		TYPE		DEPTH	1710	DEPTH	
TYPE	WAF. Note	TYPE														
DEPTH	1668	DEPTH														
TYPE		TYPE														
DEPTH	1710	DEPTH														

SPECIAL INSTRUCTIONS
Early cut off as per customer's orders

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

IS CASING/TUBING SECURED? YES NO

LIFT PRESSURE **670** PSI CASING WEIGHT - SURFACE AREA (3.14 x R²)

PRESSURE LIMIT **2000** PSI BUMP PLUG TO **720** PSI

ROTATE RPM _____ RECIPROCATE FT _____ No. of Centralizers **5 + SHORT**

TIME	PRESSURE		VOLUME PUMPED BBL		JOB SCHEDULED FOR			ARRIVE ON LOCATION		LEFT LOCATION	
	TBG OR D.P.	CASING	INCREMENT	CUM	TIME: 2-28	DATE: 0001	TIME: 2-28	DATE: 0005	TIME:	DATE:	
07:57											
07:57		2500									
08:03		270	20	-	6.0	"	"				
08:03		150	210	20	"	CMT.	12.2				
08:41		150	39	200	40	"	14.8				
08:52				269							
08:53			107.5		6.0	H2O	8.3				
08:57		90	20	6.0	"	"	"				
09:11		440	97	2.0	"	"	"				
09:14		390	105	1.0	"	"	"				
09:17		720	107	1.2	"	"	"				
09:17		380									
09:21											

REMARKS _____

CONSERVATION DIVISION
WICHITA, KS

SYSTEM CODE	NO. OF SACKS	YIELD CU. FT/SK	COMPOSITION OF CEMENTING SYSTEMS		SLURRY MIXED	
			BLS	DENSITY	BLS	DENSITY
1	560	2.15	35% C + 6% D-20 + 2% S-1 + 3% K-29		210	18.2
2	150	1.34	C LMT + 2% S-1		39	14.6

BREAKDOWN FLUID TYPE	VOLUME	DENSITY	PRESSURE	MAX. 720	MIN. 150
<input type="checkbox"/> HESTATION SQ.	<input type="checkbox"/> RUNNING CC.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Cement Circulated To Surf.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	80 Bbl
BREAKDOWN	PSI FINAL	PSI	DISPLACEMENT VOL.	107.5	Bbls
Washed thru Peris	<input type="checkbox"/> YES <input type="checkbox"/> NO	TO	MEASURED DISPLACEMENTS	<input type="checkbox"/> WIRELINE	TYPE OF WELL
PERFORATIONS	TO	TO	CUSTOMER REPRESENTATIVE	DS SUPERVISOR	

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