

ORIGINAL

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

API No. 15- 055-214480000

County Finney  
- W/2 - NW - SE Sec. 27 Twp. 24S Rge. 34 X W E

Operator: License # 5208

1395 Feet from S/N (circle one) Line of Section

Name: Mobil Oil Corporation

2500 Feet from E/W (circle one) Line of Section

Address P.O. Box 2173

Footages Calculated from Nearest Outside Section Corner:  
NE, SE, NW or SW (circle one)

2319 North Kansas Avenue

Lease Name Brown #27 Unit Well # 29

City/State/Zip Liberal, KS 67905-2173

Field Name Hugoton

Purchaser: Spot Market

Producing Formation Chase

Operator Contact Person: Sharon Cook

Elevation: Ground 2981 KB 2992

Phone (316) 626-1142

Total Depth 2864 PBDT 2811

Contractor: Name: Murfin Drilling Co., Inc.

Amount of Surface Pipe Set and Cemented at 474 Feet

License: 30606

Multiple Stage Cementing Collar Used? Yes X No

Wellsite Geologist: L. J. Reimer

If yes, show depth set NA Feet

Designate Type of Completion

X New Well Re-Entry Workover

If Alternate II completion, cement circulated from 2854

Oil SWD SLOW Temp. Abd.

feet depth to surface w/ 425 sx cmt.

X Gas ENHR SIGW

Drilling Fluid Management Plan alt II  
(Data must be collected from the Reserve Pit)

Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover:

Chloride content 18,500 ppm Fluid volume 20 bbls

Operator: \_\_\_\_\_

Dewatering method used Waste Minimization Mud System

Well Name: \_\_\_\_\_

Location of fluid disposal if hauled offsite: \_\_\_\_\_

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. \_\_\_\_\_

Operator Name Mobil Oil Corporation

Lease Name \_\_\_\_\_ License No. 5208

11-28-95 11-30-95 12-22-95

Spud Date \_\_\_\_\_ Date Reached TD \_\_\_\_\_ Completion Date \_\_\_\_\_

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 Sharon A. Cook Sharon A. Cook

Title Regulatory Assistant Date 2-2-96

Subscribed and sworn to before me this 2nd day of February, 19 96.

Notary Public Dana S. Bailey

Date Commission Expires August 30, 1999

6-66.kcc

K.C.C. OFFICE USE ONLY		
F	Letter of Confidentiality Attached	
C	Wireline Log Received	
C	Geologist Report Received	
Distribution		
<u>1</u>	KCC	SWD/Rep
	KGS	Plug
		NGPA
		Other
		(Specify)



Operator Name Mobil Oil Corporation Lease Name Brown #27 Unit Well # 29

Sec. 27 Twp. 24S Rge. 34  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 (Attach Additional Sheets.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run (Submit Copy.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No List All E.Logs Run: <p style="text-align: center;">NO LOGS RUN</p>	<input type="checkbox"/> Log Formation (Top), Depth and Datums <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Name</td> <td style="width:25%;">Top</td> <td style="width:25%;">Datum</td> </tr> </table>	Name	Top	Datum
Name	Top	Datum		

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
Surface Casing	12.250	8.625	24#	474	Class C Class C	175 175	50:50 C/poz 50:50 C/poz
Production Casing	7.875	5.500	14#	2854	Class C Class C	275 150	3% D79 2% B28

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
	1 SPF	2504-14		Acid: 750 gals 7.5% HCL	
	2520-30		Fract: 25,536 gals 20# Crosslink gel		
	2562-72		140,346 lbs 12/20 Brady Sand		
	2620-40				

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj. 12-18-95		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 Mcf 311	Water 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

Production Interval: \_\_\_\_\_ 2504 \_\_\_\_\_ 2640

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

CEMENTING SERVICE REPORT

Schlumberger

15-055-21448-0000

Dowell

DOWELL SCHLUMBERGER INCORPORATED

TREATMENT NUMBER	DATE
23-12-7894	11-28-95
PAGE	DISTRICT
DS	WYSSON, Kc.

D9-496-A PRINTED IN U.S.A.

WELL NAME AND NO. Brown #27-79	LOCATION (LEGAL) Sec. 27-24s-34w	RIG NAME: MurFur # 22
FIELD-POOL	FORMATION	WELL DATA:
COUNTY/PARISH Lincoln	STATE Kc.	API NO.
NAME Mobil Oil Corp	AND	ADDRESS
SPECIAL INSTRUCTIONS	ZIP CODE	NOTE: Include Footage From Ground Level To Head In Disp. Capacity

BIT SIZE		CSG/Liner Size		BOTTOM		TOP	
24	24						
TOTAL DEPTH		WEIGHT		FOOTAGE		TOTAL	
474	24						
<input type="checkbox"/> ROT <input type="checkbox"/> CABLE		FOOTAGE		GRADE		TOTAL	
<input type="checkbox"/> BHST <input type="checkbox"/> BHCT		THREAD		DISP. CAPACITY		TOTAL	
MUD DENSITY		LESS FOOTAGE SHOE JOINT(S)		DISP. CAPACITY		TOTAL	
MUD VISC.		DISP. CAPACITY		DISP. CAPACITY		TOTAL	

ORIGINAL

IS CASING/TUBING SECURED? <input type="checkbox"/> YES <input type="checkbox"/> NO	LIFT PRESSURE 196 PSI	CASING WEIGHT ÷ SURFACE AREA (3.14 x R <sup>2</sup> )
PRESSURE LIMIT PSI	BUMP PLUG TO 900 PSI	ROTATE RPM RECIPROCATE FT No. of Centralizers
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 Bbls
TOP <input type="checkbox"/> OR <input type="checkbox"/> W	<input type="checkbox"/> NEW <input type="checkbox"/> USED	CASING VOL. BELOW TOOL Bbls
BOT <input type="checkbox"/> OR <input type="checkbox"/> W	DEPTH	TOTAL Bbls
		ANNUAL VOLUME Bbls

TIME	PRESSURE		VOLUME PUMPED BBL		JOB SCHEDULED FOR			ARRIVE ON LOCATION		LEFT LOCATION	
	TBG OR D.P.	CASING	INCREMENT	CUM	TIME	DATE	TIME	DATE	TIME	DATE	
0001 to 2400											
2009	1400										
2011	0	25			6	H2O					
2016	240	59			6	cmt 17.8					
2021	420	30			6	cmt 12.8					
2027	440	38			6	cmt 14.6					
2031	450	25			6	cmt 14.0					
2034	0										
2036	0	27.7			4	H2O					
2039	100	10			4	H2O					
2041	150	20			2.5						
2044	350	25			2.5						
2045	900	28			2.5						
2046											

RECEIVED KANSAS CORP COMM FEB -5 A @ 58

REMARKS

SYSTEM CODE	NO. OF SACKS	YIELD CU. FT/SK	COMPOSITION OF CEMENTING SYSTEMS				SLURRY MIXED			
			BBLS	DENSITY	BBLS	DENSITY				
1.	175	1.89	50 <sup>c</sup>	30 <sup>ppm</sup>	6% gal	3% carls	5% D44	1/4 #1029	59	12.8
2.										
3.	175	1.72	50 <sup>c</sup>	30 <sup>ppm</sup>	2.5% carls			1/4 #1029	38	14.6
4.										
5.										
6.										

BREAKDOWN FLUID TYPE	VOLUME	DENSITY	PRESSURE	MAX.	MIN.
<input type="checkbox"/> HESITATION SQ.	<input type="checkbox"/> RUNNING SQ.	CIRCULATION LOST	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Cement Circulated To Surface	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
BREAKDOWN	PSI FINAL	PSI	DISPLACEMENT VOL.	27.7	Bbls
Washed Thru Perfs <input type="checkbox"/> YES <input type="checkbox"/> NO	TO	FT.	MEASURED DISPLACEMENT <input type="checkbox"/>	<input type="checkbox"/> WIRELINE	
PERFORATIONS	TO	TO	CUSTOMER REPRESENTATIVE	DS	SUPERVISOR
			Marvin HARVEY		James Esquivel

CEMENTING SERVICE REPORT

Schlumberger

15-055-21448-0000

Dowell

DOWELL SCHLUMBERGER INCORPORATED

TREATMENT NUMBER	DATE
03-12-7849	11-30-95
STAGE	DS DISTRICT
	Ulysses, Ks

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

WELL NAME AND NO. Brown #27-29	LOCATION (LEGAL) Sec 27-24s-34w	RIG NAME: Mud Fin #77
FIELD-POOL Hugoton	FORMATION	WELL DATA:
COUNTY/PARISH Finney	STATE Ks	API. NO.
NAME Mobil Oil Corp	AND	ADDRESS
SPECIAL INSTRUCTIONS	ZIP CODE	WELL DATA: BIT SIZE 28, CSG/Liner Size 8 1/2, TOTAL DEPTH 2811, MUD TYPE, GRADE, MUD DENSITY, MUD VISC.

ORIGINAL

Head & Plugs	TOOL	SQUEEZE JOB
<input type="checkbox"/> Double	SIZE	TYPE
<input type="checkbox"/> Single	WEIGHT	DEPTH
<input type="checkbox"/> Swage	GRADE	TAIL PIPE: SIZE DEPTH
<input type="checkbox"/> Knockoff	THREAD	TUBING VOLUME Bbbls
TOP <input type="checkbox"/> OR <input type="checkbox"/> W	<input type="checkbox"/> NEW <input type="checkbox"/> USED	CASING VOL. BELOW TOOL Bbbls
BOT <input type="checkbox"/> OR <input type="checkbox"/> W	DEPTH	TOTAL ANNUAL VOLUME Bbbls

IS CASING/TUBING SECURED?  YES  NO

LIFT PRESSURE 1683 PSI CASING WEIGHT + SURFACE AREA (3.14 x R<sup>2</sup>)

PRESSURE LIMIT 1500 PSI BUMP PLUG TO

ROTATE RPM RECIPROCATE FT No. of Centralizers

TIME	PRESSURE		VOLUME PUMPED BBL		JOB SCHEDULED FOR			ARRIVE ON LOCATION		LEFT LOCATION	
	TBG OR D.P.	CASING	INCREMENT	CUM	TIME	DATE	TIME	DATE	TIME	DATE	
0001 to 2400											
1928	3220										
1930	0		25		5.4	H2O					
1935	250		134.6		5.4	CMT	11.5				
1938	130		73		5.4	CMT	11.5				
1939	100		37		4	CMT	14.8				
2006	110		28		4	CMT	14.8				
2008	0		68.5		5.4	H2O					
2013	0				5.4	H2O					
2016	120		20		5.4	H2O					
2018	240		30		5.4						
2020	400		40		5.4						
2022	650		50		5.4						
2024	840		60		2.2						
2025	750		65		2.2						
2027	1500		69		2.2						
2029											

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REMARKS

SYSTEM CODE	NO. OF SACKS	YIELD CU. FT/SK	COMPOSITION OF CEMENTING SYSTEMS			SLURRY MIXED	
						BBLs	DENSITY
1.		2.75	class C + 3% D79 + .2% D46 + 1/4 #1 D29			134.6	11.5
2.							
3.		1.37	class C + 2% B28 + 2% B12 + .6% D60 + 2% D46			36.5	14.8
4.							
5.							
6.							

BREAKDOWN FLUID TYPE	VOLUME	DENSITY	PRESSURE	MAX.	MIN.
<input type="checkbox"/> HESITATION SQ.	<input type="checkbox"/> RUNNING SQ.	CIRCULATION LOST	<input type="checkbox"/> YES <input type="checkbox"/> NO	Cement Circulated To Surf. <input type="checkbox"/> YES <input type="checkbox"/> NO	1858
BREAKDOWN	PSI FINAL	PSI	DISPLACEMENT VOL.	68.5 Bbbls	
Washed Thru Perfs <input type="checkbox"/> YES <input type="checkbox"/> NO	TO	FT.	MEASURED DISPLACEMENT <input type="checkbox"/>	<input type="checkbox"/> WIRELINE	
PERFORATIONS	TO	TO	CUSTOMER REPRESENTATIVE	DS SUPERVISOR	
			Marvin Harvey	James Esquivel	