

# ORIGINAL

SIDE ONE

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

Operator: License # 5952

Name: Amoco Production Company

Address P.O. Box 800, Rm. 1833

City/State/Zip Denver, CO 80201

Purchaser: \_\_\_\_\_

Operator Contact Person: J. A. Victor

Phone (303) 830-4009

Contractor: Name: Cheyenne Drilling

License: 5382

Wellsite Geologist: \_\_\_\_\_

Designate Type of Completion  
 New Well  Re-Entry  Workover

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

If OWO: old well info as follows:

Operator: N/A

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

Comp. Date \_\_\_\_\_ Old Total Depth \_\_\_\_\_

Drilling Method:  
 Mud Rotary  Air Rotary  Cable

7/27/90 7/29/90 9/18/90

Spud Date Date Reached TD Completion Date

API No. 15- 093-21062-0000

County Kearny

SW NE NE Sec. 17 Twp. 24 Rge. 36  East West

4030 Ft. North from Southeast Corner of Section

1250 Ft. West from Southeast Corner of Section  
(NOTE: Locate well in section plat below.)

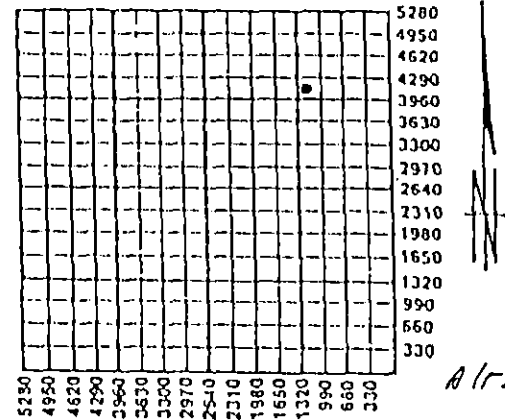
Lease Name B.E. Haag G.U. Well # 3HI

Field Name Hugoton

Producing Formation Chase

Elevation: Ground 3160' KB 3172'

Total Depth 2736' PBID \_\_\_\_\_



Amount of Surface Pipe Set and Cemented at 692 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 cm.

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 C. Burton

Title Sr. Admin. Analyst Date 11/14/90

Subscribed and sworn to before me this 14 day of November, 1990.

Notary Public Julie A. Victor

Date Commission Expires 4/7/94

STATE CORPORATION COMMISSION 11-16-90

K.C.C. OFFICE USE ONLY

F NOV  Letter of Confidentiality Attached

C  Wireline Log Received

C  Drillers Time Log Received

Wichita, Kansas

Distribution

KCC  SWD/Rep  NGPA

KGS  Plug  Other

(Specify)

SIDE TWO

Operator Name Amoco Production Company Lease Name B.E. Haag G.U. Well # 3HI

Sec. 17 Twp. 24 Rge. 36  East  West  
 County Kearny

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	Formation Description <input type="checkbox"/> Log <input checked="" type="checkbox"/> Sample Name Top Bottom Chase 2425' 2740'
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	

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	12-1/4"	8-5/8"	24#	692'	Lite C	165	CACL2 3%
Production	7-7/8"	5-1/2"	15.5#	2736'	Class C	150	CACL2 3%
					Lite C	625	
					Class C	100	

PERFORATION RECORD		Acid, Fracture, Shot, Cement Squeeze Record	
Shots Per Foot	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)	Depth
		Frac with 156,492 gal. crosslink gel and 742,800# sand	2431-2736'

TUBING RECORD				Liner Run	
Size	Set At	Packer At		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
None					

Date of First Production	Producing Method <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)				
SI					
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Water Bbls. Gas-Oil Ratio Gravity
			1500		

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

METHOD OF COMPLETION:  Open Hole  Perforation  Dually Completed  Conningled  Other (Specify) slotted casing

Production Interval: 2431-2736'

**DOWELL SCHLUMBERGER INCORPORATED**

P.O. BOX 4378 HOUSTON, TEXAS 77210

CUSTOMER ORIGINAL

8-22

15-093-21062-0000

**ORIGINAL**

DSI SERVICE ORDER RECEIPT AND INVOICE NO.  
**03-12-2972**

CUSTOMER NUMBER

CUSTOMER P.O. NUMBER

DSI SERVICE LOCATION NAME AND NUMBER  
**ULYSSES KANSAS**

BUSINESS CODES  
**03-12**

CUSTOMER'S NAME  
**Amico**

ADDRESS  
**Amico**

WORKOVER FOR NEW WELL?  YES  NO  
OTHER

API OR IC NUMBER

DSI will furnish and Customer shall purchase materials and services required in the performance of the following SERVICE INSTRUCTIONS or DSI INDUSTRIAL SERVICE CONTRACT NO. \_\_\_\_\_ in accordance with the terms and conditions as printed on the reverse side of this form.

**SERVICE ORDER RECEIPT**  
I certify that the materials and services listed were authorized and received and all services performed in a workmanlike manner and that I have the authority to accept and execute this document.

**SURFACE**

ARRIVE LOCATION  
**7 27 90 0230**

STATE **KANSAS** CODE COUNTY/PARISH **KEARNY** CODE CITY

SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE  
**JACK DEPPER**

WELL NAME AND NUMBER / JOB SITE  
**HAGG (B.F.)**

SHIPPED VIA  
**D.S.**

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
056011-085	CENTRALIZERS	EA	1	136.00	136.00
057499-001	THREAD LOCK	EA	1	22.00	22.00
056015-085	Bottle Plate	EA	1	20.00	20.00

**SERVICE ORDER RECEIPT**

EST. **228.00**

SUB TOTAL **152.76+**

LICENSE/REIMBURSEMENT FEE			
LICENSE/REIMBURSEMENT FEE			
REMARKS:	STATE	% TAX ON \$	<b>6.49+</b>
	COUNTY	% TAX ON \$	<b>1.52+</b>
	CITY	% TAX ON \$	
	SIGNATURE OF DSI REPRESENTATIVE	TOTAL \$	<b>160.77+</b>

**(75.24)**

*Lucy A. Harris*

CEMENTING SERVICE REPORT

15-093-21062-0000

DS-496 PRINTED IN U.S.A.

DOWELL SCHLUMBERGER INCORPORATED

WELL NUMBER: 03-12-2856 DATE: 7/26/90  
 DISTRICT: 0115205 KS

WELL NAME AND NO. **B.E. Hag**  
 LOCATION (LEGAL) **Hugoton**  
 FIELD-FOOT **Hugoton**  
 FORMATION **Hugoton**  
 COUNTY/PARISH **Kearny**  
 STATE **KS.** API. NO.   
 NAME **Amoco**  
 AND

PROGRAM **Choke**  
 WELL DATA  
 BIT SIZE: **8 1/4** CSG/Der Size: **9 7/8**  
 TOTAL DEPTH: **699** WEIGHT: **34**  
 MUD TYPE: **Grade** GRADE: **89**  
 MUD DENSITY: **4.7** LESS FOOTAGE SHOE JOINT(S): **44** TOTAL: **41.7**  
 MUD VISC: **655** Disp. Capacity: **655**

ADDRESS \_\_\_\_\_  
 ZIP CODE \_\_\_\_\_

SPECIAL INSTRUCTIONS  
**Provide Materials and Services to Satisfy Cont 8 7/8 Surface Casing**

NOTE: Include Footage From Ground Level To Head In Disp. Capacity

TYPE: <b>Ball Joint</b>	DEPTH: <b>655</b>	TYPE: <b>Ball Joint</b>	DEPTH: <b>699</b>
TYPE: <b>Ball Joint</b>	DEPTH: <b>699</b>	TYPE: <b>Ball Joint</b>	DEPTH: <b>699</b>

Head & Plugs  TBG  D.P.  SQUEEZE JOB  
 Double  WEIGHT  TOOL TYPE  DEPTH  
 Single  GRADE  TAIL PIPE: SIZE  DEPTH  
 Swage  THREAD  TUBING VOLUME  Bbls  
 Knockoff  NEW  USED  CASING VOL. BELOW TOOL  Bbls  
 TOP OR CW  DEPTH  TOTAL  Bbls  
 BOT OR CW  DEPTH  ANNUAL VOLUME  Bbls

IS CASING/TUBING SECURED?  YES  NO  
 LIFT PRESSURE **287** PSI CASING WEIGHT + SURFACE AREA (3.14 x R<sup>2</sup>)  
 PRESSURE LIMIT **500** PSI BUMP PLUG TO \_\_\_\_\_ PSI  
 ROTATE **—** RPM RECIPROCATE **—** FT No. of Centralizers **2**

JOB SCHEDULED FOR TIME: **2000** DATE: **7/26/90** ARRIVE ON LOCATION TIME: **0600** DATE: **7/26/90** LEFT LOCATION TIME: **0250** DATE: **7/27/90**

TIME	PRESSURE		VOLUME PUMPED BBL		INJECT RATE	FLUID TYPE	FLUID DENSITY	PRE-JOB SAFETY MEETING	
	TBG OR D.P.	CASING	INCREMENT	CUM					
01:47	150	—	—	—	—	H <sub>2</sub> O	8.34	PST Test done	
01:50	100	10	—	4.8	4.8	H <sub>2</sub> O	8.34	H <sub>2</sub> O ahead	
01:54	130	62	—	6.1	6.1	cmnt	12.4	Start lead	
02:04	150	35	—	6.1	6.1	cmnt	14.8	Start Tail	
02:11	90	—	—	—	—	—	—	Shut Down Dropper	
02:12	100	41.7	—	4.9	4.9	H <sub>2</sub> O	8.34	Start Displacement	
02:18	200	—	—	1.0	1.0	H <sub>2</sub> O	8.34	Lower Pump Rt	
02:23	640	—	—	.8	.8	H <sub>2</sub> O	8.34	Bump Plug	
02:24	640	—	—	—	—	—	—	Release PSI	
02:30	640	—	—	—	—	—	—	Sub Off	
AVERAGE Rate Psi									
Stroke								6	180
Displacement								3.8	225

REMARKS

SYSTEM CODE	NO. OF SACKS	YIELD CU. FT/SK	COMPOSITION OF CEMENTING SYSTEMS		SLURRY MIXED			
			BBLs	DENSITY	BBLs	DENSITY		
1.	165	2.1	35/65 - Poz/C	+ 10% Q80	+ 3% SF	+ 1/4% SK Q29	61.7	124
2.	150	1.32	Class C Cmt	+ 3% SI	+ 1/4% SK Q29		35.3	14.8
3.								
4.								
5.								
6.								

BREAKDOWN FLUID TYPE \_\_\_\_\_ VOLUME \_\_\_\_\_ DENSITY \_\_\_\_\_ PRESSURE \_\_\_\_\_ MAX. **230** MIN. **0**  
 HESITATION SQ.  RUNNING SQ. CIRCULATION LOST  YES  NO Cement Circulated To Surf.  YES  NO **10** Bbls  
 BREAKDOWN PSI FINAL PSI DISPLACEMENT VOL. **41.7** Bbls TYPE OF WELL  OIL  GAS  STORAGE  INJECTION  BRINE WATER  WILDCAT  
 Washed Thru Perfs  YES  NO TO \_\_\_\_\_ FT. MEASURED DISPLACEMENT  WIRELINE

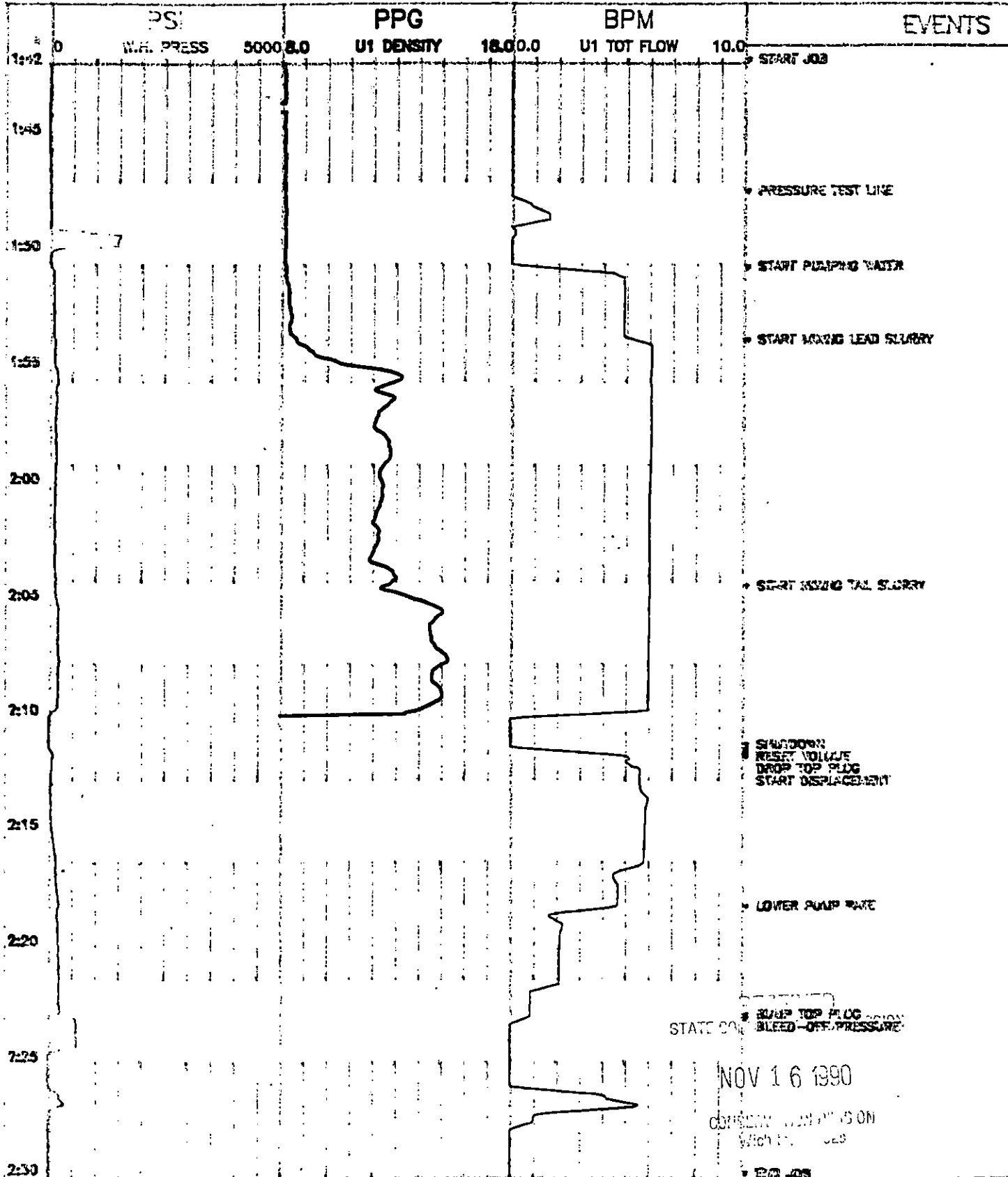
PERFORATIONS \_\_\_\_\_ CUSTOMER REPRESENTATIVE \_\_\_\_\_ DS SUPERVISOR **Alan Black**

# PACR ORIGINAL



ANOCO  
B. E. HAG  
CHEYENNE 1  
HUGOTON

03-12  
CAT-SURFACE 3 5/8  
2896  
7/26/90



STATE CO. BLEED-OFF PRESSURE

NOV 16 1990

CONSENTED BY ANOCO  
Wichita, KS

# DOWELL SCHLUMBERGER INCORPORATED

P.O. BOX 4378 HOUSTON, TEXAS 77210

15-093-21062-0000 ORIGINAL

8-23

OILFIELD SERVICES  
INDUSTRIAL SERVICES

DSI SERVICE ORDER  
RECEIPT AND INVOICE NO.  
**03-12-2973**

ORIGINAL

DSI SERVICE LOCATION NAME AND NUMBER  
**OLYSSSES KANSAS 03-12**

CUSTOMER NUMBER CUSTOMER P.O. NUMBER TYPE SERVICE CODE BUSINESS CODES  
**285**

CUSTOMER'S NAME  
**AMOCO**  
ADDRESS  
CITY, STATE AND ZIP CODE

WORKOVER NEW WELL OTHER  W  N API OR IC NUMBER

ARRIVE LOCATION MO. DAY YR. TIME  
**7 29 90 0120**

DSI will furnish and Customer shall purchase materials and services required in the performance of the following SERVICE INSTRUCTIONS or DSI INDUSTRIAL SERVICE CONTRACT NO. in accordance with the terms and conditions as printed on the reverse side of this form.

IMPORTANT! SEE OTHER SIDE FOR TERMS & CONDITIONS  
SERVICE ORDER RECEIPT  
I certify that the materials and services listed were authorized and received and all services performed in a workmanlike manner and that I have the authority to accept and execute this document.

JOB COMPLETION MO. DAY YR. TIME  
**7 29 90 0936**

STATE CODE COUNTY / PARISH CODE CITY  
**KANSAS KEARNY**

SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE

WELL NAME AND NUMBER / JOB SITE LOCATION AND POOL / PLANT ADDRESS SHIPPED VIA  
**B.E. HAAG D.S.**

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
049100 - 000	SERVICE CHARGE	CU'	342	1.08	369.36
049102 - 000	Top Mileage	Tri.	277	.80	221.60
056011 - 054	5/8 CENTRALIZERS	EA	5	54.00	270.00
057499 - 001	THREAD LOCK	EA	1	22.00	22.00
040003 - 000	CLASS "C"	S	205	7.00	1435.00
045008 - 000	POZ	CU'	110	2.30	253.00
045014 - 050	D20	LB	16.45	.13	213.85
044003 - 025	D29	LB	79	1.37	108.23
					(1070.42)

Field Est- **2893.04** SUB TOTAL **1822.62**  
NOV 16 1990  
LICENSURE/REIMBURSEMENT FEE  
REMARKS: STATE % TAX ON \$ **1450.32** **61.63**  
COUNTY % TAX ON \$ **14.50**  
CITY % TAX ON \$  
SIGNATURE OF DSI REPRESENTATIVE TOTAL \$ **1898.75**  
*Stan W. Harris*

CEMENTING SERVICE REPORT

ORIGINAL **DS**  
DOWELL SCHLUMBERGER INCORPORATED

15-093-21062-0000

DS-496 PRINTED IN U.S.A.

TREATMENT NUMBER 03-12-2874 DATE 07-28-90  
STAGE 285 DS DISTRICT Ulysses KS (03-12)

WELL NAME AND NO. B.E. HAAG		LOCATION (LEGAL)		RIG NAME: CHEYENNE #2	
FIELD-POOL HUGOTON		FORMATION CHASE		WELL DATA: BOTTOM TOP	
COUNTY/PARISH KEARNY		STATE KANSAS		API. NO.	
NAME CHEYENNE DRUG (Amoco)				WELL DATA: BIT SIZE 7 7/8 CSG/Liner Size 5 1/2	
AND				TOTAL DEPTH WEIGHT 15.5	
ADDRESS				MUD TYPE GRADE	
ZIP CODE				MUD DENSITY 10.0 LESS FOOTAGE SHOE JOINT(S)	
SPECIAL INSTRUCTIONS To cement 5 1/2" Production casing to a depth of 2431'				MUD VISC. 25 Disp. Capacity 57.8	
IS CASING/TUBING SECURED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				NOTE: Include Footage From Ground Level To Head In Disp. Capacity	
LIFT PRESSURE 1586 PSI CASING WEIGHT - SURFACE AREA (3.14 x R <sup>2</sup> )				FLUID TYPE DEPTH	
PRESSURE LIMIT 2000 PSI BUMP PLUG TO 500 PSI				FLUID TYPE DEPTH	
ROTATE - RPM RECIPROCATE - FT No. of Centralizers 5				FLUID TYPE DEPTH	

TIME	PRESSURE		VOLUME PUMPED BBL		JOB SCHEDULED FOR			ARRIVE ON LOCATION		LEFT LOCATION	
	TBG OR D.P.	CASING	INCREMENT	CUM	TIME: 01:30	DATE: 07-28-90	TIME: 01:15	DATE: 07-28-90	TIME:	DATE:	
0001 to 2400											
07:00	-	140	0	0	-	4.0	8.34	PRE-JOB SAFETY MEETING			
07:01	-	10	10	0	6.03	4.0	8.34	START DUMPING 10 BAG IN AHEAD			
07:03	-	220	234	10	6.05	CMT	12.2	START DUMPING LEAD SHUDD			
07:41	-	170	22	244	5.81	CMT	14.8	START DUMPING TAIL SHUDD			
07:45	-	0	0	266	-	-	-	SHUT DOWN - Dump Tool J			
07:48	-	80	50	266	5.79	H <sub>2</sub> O	8.34	START PUMPING Displacement			
07:57	-	530	8.2	316	2.49	4.0	8.34	Lower PUMP RATE			
08:01	-	1150	0	324.2	-	-	-	BUMP TOP PLUG			
08:01	-	6	-	324.2	-	-	-	BLEED OFF PRESSURE - Float Hold...			
08:02	-	-	-	-	-	-	-	END Job			
LEAD CMT		AVG RATE		6.03 BPM		AVG Pressure		200 PSI			
TAIL CMT		AVG RATE		5.8 BPM		AVG Pressure		170 PSI			

REMARKS At 07:00 JACKED OPENED AT A P... 9 1300 PSI

SYSTEM CODE	NO. OF SACKS	YIELD CU. FT/SK	COMPOSITION OF CEMENTING SYSTEMS		SLURRY MIXED	
					BBLs	DENSITY
1.	625	2.13	(35/65) P02/CLASS C + 6% D20 + 1/4 H <sub>2</sub> O	D29	237	12
2.						
3.	100	1.32	CLASS "C" 1 1/4 H <sub>2</sub> O	D29	23.5	14
4.						
5.						
6.						

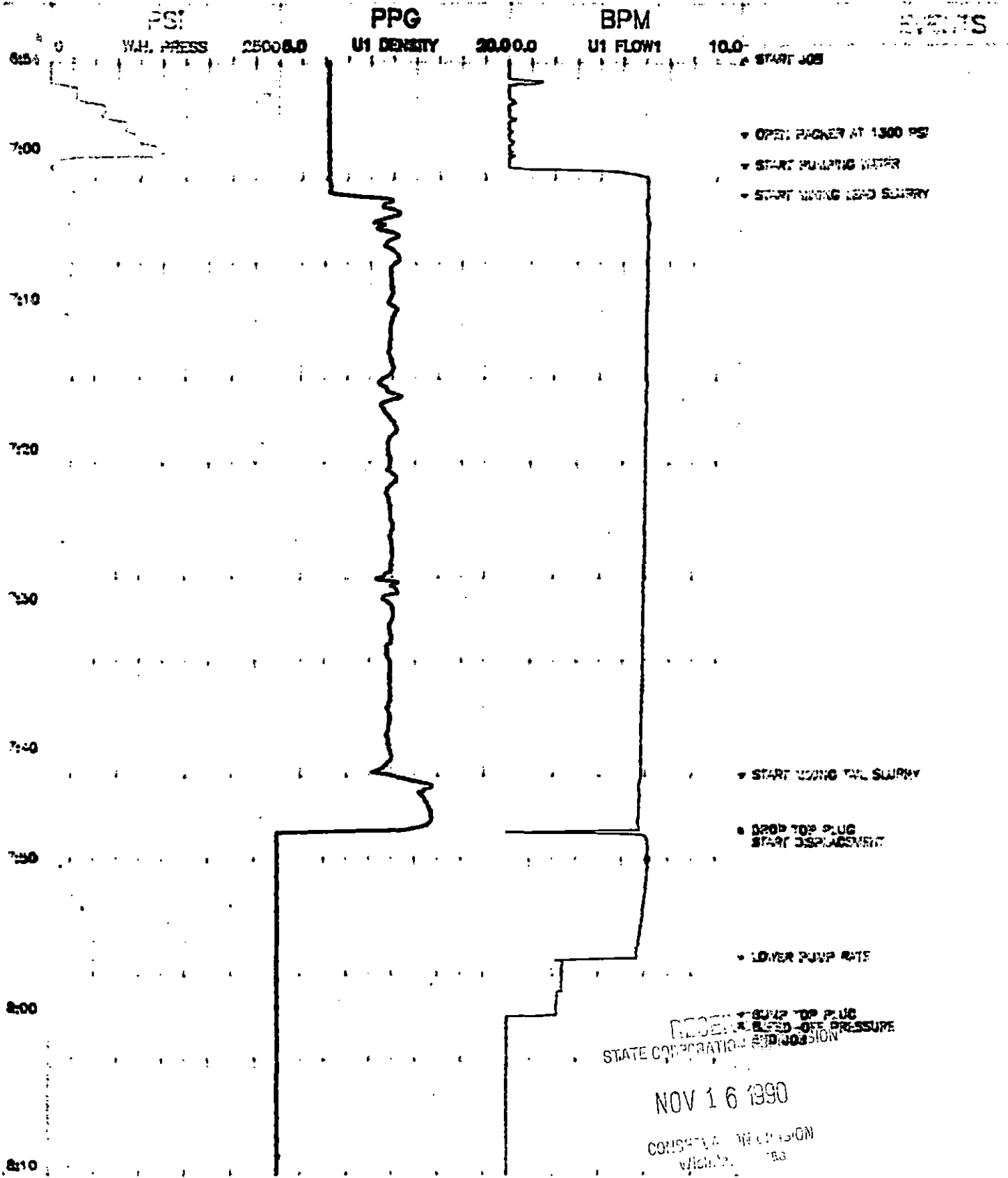
BREAKDOWN FLUID TYPE		VOLUME		DENSITY	PRESSURE	MAX.	MIN.
<input type="checkbox"/> HESITATION SQ		<input type="checkbox"/> RUNNING SQ.		CIRCULATION LOST	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Cement Circulated To Surf. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		4					
BREAKDOWN PSI FINAL		PSI		DISPLACEMENT VOL	57.9 Bbls		
Washed Thru Peris <input type="checkbox"/> YES <input type="checkbox"/> NO		TO		FT	MEASURED DISPLACEMENT	<input type="checkbox"/> WIRELINE	
PERFORATIONS				CUSTOMER REPRESENTATIVE		DS SUPERVISOR	
TO TO				Jack P...		Dave Wilk...	

# PACR PLOT ORIGINAL



CHEYENNE DRILLING  
R.L. HAG  
CHEYENNE  
HUGOTON

ULYSSES KANSAS  
LONGSTRING  
285  
07-29-90





DRILLERS LOG

AMOCO PRODUCTION COMPANY  
B.E. HAAG G.U. "A" NO. 3 HI  
SECTION 17-T24S-R36W  
KEARNY COUNTY, KANSAS

COMMENCED: 07-26-90  
COMPLETED: 07-29-90

SURFACE CASING: 684' OF 8 5/8"  
OMTD W/165 SX LT. "C", 3% C.C.,  
1/4#/SX FLO-CELE; TAILED IN W/150 SX  
SX "C", 3% C.C., 1/4#/SX FLO-CELE

FORMATION	DEPTH
SURFACE HOLE	0- 692
SAND, CLAY & RED BED	692- 886
CLAY & SAND	886-1275
GLORIETTA SAND	1275-1540
SHALE & LIME	1540-1835
LIME & SHALE	1835-2313
SHALE & LIME	2313-2683     RTD

RECEIVED  
STATE CORPORATION COMMISSION  
AUG - 2 1990  
CONSERVATION DIVISION  
Wichita, Kansas

I DO HEREBY CERTIFY THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

CHEYENNE DRILLING, INC.

*A. J. Jacques*  
A.J. JACQUES

STATE OF KANSAS :ss:

SUBSCRIBED AND SWORN TO BEFORE ME THIS 30TH DAY OF JULY, 1990.

BECKY J. WHETSTONE  
NOTARY PUBLIC  
STATE OF KANSAS  
MY APPT. EXPIRES 4/29/91

*Becky J. Whetstone*  
BECKY J. WHETSTONE, NOTARY PUBLIC