

FORM MUST BE TYPED

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

Operator: License # 5447
Name: OKY USA Inc.
Address P. O. Box 26100
City/State/Zip Oklahoma City, Ok 73126-0100
Purchaser: * Colorado Interstate Gas
Operator Contact Person: Jerry Ledlow
Phone (405) 749-2309
Contractor: Name: Cheyenne
License: 5382
Wellsite Geologist: _____

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

If Workover:

Operator: _____
Well Name: _____
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. _____
3/29/94 4/1/94 * 7/7/94
Spud Date Date Reached TD Completion Date

API NO. 15- 093-21338-0060
County Kearny
- NW - SE - SW Sec. 34 Twp. 24S Rge. 36 X E
1250 Feet from X (circle one) Line of Section
3830 Feet from W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
XX, SP, NW or SW (circle one)
Lease Name Beaty A Well # 3
Field Name Hugoton
Producing Formation Chase
Elevation: Ground 3000 KB 3011
Total Depth 3010 PBDT 2995
Amount of Surface Pipe Set and Cemented at 519 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 3010
feet depth to 430 w/ 570 sx cmt.

Drilling Fluid Management Plan ALT 2 8/14 3-14-95
(Data must be collected from the Reserve Pit)
Chloride content 25,000 ppm Fluid volume 500 bbls
Dewatering method used Evaporation
Location of fluid disposal if hauled offsite: KCC
Operator Name RELEASED
Lease Name AUG 1 8 1995 License No. CONFIDENTIAL
Quarter Sec. _____ Twp. _____
County FROM CONFIDENTIAL 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 Jerry Ledlow
Title Staff Analyst Date 8/17/94
Subscribed and sworn to before me this 17th day of August, 19 94.
Notary Public Kay Ann Kilmer
Date Commission Expires 5-2-98

RECEIVED
K.C.C. OFFICE USE ONLY
STATE CORPORATION COMMISSION
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
 KCC SWD/Rep NGPA
 KGS Plug CONSERVATION DIVISION
WICHITA, KANSAS
AUG 19 1994
8-19-94

P1

SIDE TWO

Operator Name COXY USA Inc. Lease Name Beaty A Well # 3

Sec. 34 Twp. 24S 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 <input type="checkbox"/> Yes <input checked="" 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.) List All E.Logs Run: MSG Gamma Collar Gamma Dual Spaced Neutron	<input checked="" type="checkbox"/> Log <input type="checkbox"/> Sample Formation (Top), Depth and Datum <table border="0" style="width:100%"> <tr> <td style="width:60%">Name</td> <td style="width:20%">Top</td> <td style="width:20%">Datum</td> </tr> <tr> <td>Hollenberg</td> <td>2328</td> <td>+ 684</td> </tr> <tr> <td>Herington</td> <td>2356</td> <td>+ 656</td> </tr> <tr> <td>Krider</td> <td>2376</td> <td>+ 636</td> </tr> <tr> <td>Winfield</td> <td>2410</td> <td>+ 602</td> </tr> <tr> <td>Towanda</td> <td>2473</td> <td>+ 539</td> </tr> <tr> <td>Ft Riley</td> <td>2516</td> <td>+ 496</td> </tr> <tr> <td>Council Grove</td> <td>2663</td> <td>+ 349</td> </tr> </table>	Name	Top	Datum	Hollenberg	2328	+ 684	Herington	2356	+ 656	Krider	2376	+ 636	Winfield	2410	+ 602	Towanda	2473	+ 539	Ft Riley	2516	+ 496	Council Grove	2663	+ 349
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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
Surface	12 1/4"	8 5/8"	24	519	C	325	2% cacl
Production	7 3/4"	5 1/2"	14	3010	C	570	2% cacl

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 checked="" 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
2	2332-34, 2360-62, 2376-80, 2398-2400, 2414-16,	Acidize w/3500 gal 7.5 % HCL	
	2428-32, 2476-80, 2528-30, 2534-36	Frac w/84,630 gal gel wtr.,	
2	2330-36, 2358-2400, 2412-36, 2476-90, 2818-36	320,700 # 10/20 Brady Sand	

TUBING RECORD		Size 2 3/8	Set At 477	Packer At 477	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SMD or Inj. * 7/7/94			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 * 250	Mcf	Water Bbls.	Gas-Oil Ratio Gravity

Disposition of Gas: **METHOD OF COMPLETION** Production Interval 2330-2530

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
 (If vented, submit ACO-18.) Other (Specify) _____