

ORIGINAL

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

Operator: License # 09282

Name: General Atlantic Resources, Inc.

Address 410-17th Street, Suite 1400

City/State/Zip Denver, CO 80202

Purchaser: Texaco Trading & Transportation

Operator Contact Person: Richard Burns

Phone (303) 573-5100

Contractor: Name: _____

License: _____

Wellsite Geologist: N/A

Designate Type of Completion

New Well Re-Entry Workover

Oil SWD SIOW Temp. Abd.

Gas ENHR SIGW

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

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

Operator: Pan American Petroleum Corp.

Well Name: Tjaden F #2

Comp. Date _____ Old Total Depth _____

FRACTURE STIMULATION

Deepening Re-perf. Conv. to Inj

Plug Back PBTD

Commingled Docket No. _____

Dual Completion Docket No. _____

Other (SWD or Inj?) Docket No. _____

12-6-93
Spud Date

12-15-93
Date Reached TD

12-15-93
Completion Date

APT NO. 15- N/A

County Kingman

15-095-01162-0001

SE NE Sec. 33 Twp. 30S Rge. 8 X W

_____ Feet from S/W (circle one) Line of Section

_____ 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 Tjaden F Well # 2

Field Name Spivey-Grabs

Producing Formation Mississippi-chat

Elevation: Ground 1647' KB 1656'

Total Depth 4490' PBTD 4468'

Amount of Surface Pipe Set and Cemented at 143 Feet

Multiple Stage Cementing Collar Used? Yes NO No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan REWORK JH 7-21-94
(Data must be collected from the Reserve PIT)

Chloride content _____ ppm Fluid volume _____ bbls

_____ Dehydrating method used _____

RECEIVED
STATE CORPORATION COMMISSION

_____ Fluid disposal if hauled offsite:

FEB 28 1994

2-28-94

Operator Name _____

License No. _____

CONSERVATION DIVISION
Wichita, Kansas

County _____ 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 Richard Burns

Richard A. Burns

Title Senior Operations Engineer

Date 2/18/94

Subscribed and sworn to before me this 23rd day of February

Notary Public Barbara J. Rickford

Date Commission Expires _____

BARBARA J. RICKFORD
410 17TH ST., STE. 1400
DENVER, CO 80202

K.C.C. OFFICE USE ONLY		
F	Letter of Confidentiality Attached	
C	Wireline Log Received	
C	Geologist Report Received	
Distribution		
<input checked="" type="checkbox"/>	XCC	SWD/Rep
<input type="checkbox"/>	XGS	Plug
<input type="checkbox"/>		NGPA
<input type="checkbox"/>		Other
(Specify)		

P1

SIDE TWO

Operator Name General Atlantic Resources, Inc Lease Name Tiaden F Well # 2

County Kingman
 Sec. 33 Twp. 30S Rge. 8
 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 Yes No (Attach Additional Sheets.)
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run Yes No (Submit Copy.)
 List All E.Logs Run:

CASING RECORD <input 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	243	Bulk	250	
Longstring		5-1/2"	14	4448'	Bulk	200	

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
4	4,352' to 4,444'	Frac: w/33000# 12-20 sd & 702 bbls gel - Max Pres 2875 ISIP 627 FP 2840

TUBING RECORD Size 2-7/8" Set At 4375' Packer At _____ Liner Run Yes No

Date of First Resumed Production, SWD or Inj. 12/14/93 Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours Oil 2 Bbls. Gas 45 Mcf Water 60 Bbls. Gas-Oil Ratio 22500 Gravity _____

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

METHOD OF COMPLETION Open Hole Perforated Quality Comp. Commingled Other (Specify) _____