

ORIGINAL

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

Operator: License # 4894

Name: Horseshoe Operating, Inc.

Address 500 W. Texas, Suite 1190

City/State/Zip Midland, Tx 79701

Purchaser: KN Gas

Operator Contact Person: S. L. Burns

Phone (915)683-1448

Contractor: Name: Murfin Drilling

License: _____

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/Reentry: Old Well Info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBTB
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

4-13-98 4-15-98 5-13-98
Spud Date Date Reached TD Completion Date

API No. 15- 075-206690000

County Hamilton

C - SW - 7 Sec. 7 Twp. 22 Rge. 41 X E

1250 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 (S) (circle one)

Lease Name Lewis Well # 1

Field Name Bradshaw

Producing Formation Winfield

Elevation: Ground 3634 KB 3645

Total Depth 2746 PBTB _____

Amount of Surface Pipe Set and Cemented at (5jts) 220 Feet

Multiple Stage Cementing Collar Used? Yes X No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 2745

feet depth to surface w/ 420 sx cmt.

Drilling Fluid Management Plan AH-2, 7-2-98 UC
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used _____

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

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.

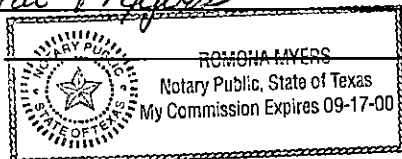
Signature Debbie Franklin

Title Production Clerk Date 6-16-98

Subscribed and sworn to before me this 16 day of June, 19 98.

Notary Public Romona Myers

Date Commission Expires _____



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)

Operator Name Horseshoe Operating, Inc. Lease Name Lewis Well # 1

Sec. 7 Twp. 22 Rge. 41
 East County Hamilton
 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.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datums	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Base Stone Corral	2258'	+1383'
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Winfield	2690'	+951'
List All E.Logs Run: Compensated Density Neutron Log Dual Spaced Cement Bond Log		Top Porosity	2704'	+937'
		Bottom Porosity	2718'	+923'

CASING RECORD <input type="checkbox"/> New <input checked="" 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#	220'	c	175	3%cc 1/4#floseal
Production	7-7/8	4-1/2	10.5#	2745'	c	420	8%gel 1/3#floseal

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	2702'-04-06-10-12-14-16-17'	1000 gal. 7-1/2 HCL	
		12,000# 20/40 sand	

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. 5/23/98	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil - Bbls.	Gas 300 Mcf	Water 20 Bbls.	Gas-Oil Ratio Gravity

Disposition of Gas: METHOD OF COMPLETION Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled 2702-2717'
 (If vented, submit ACO-18.) Other (Specify) _____

TICKET # 15-075-20669-0000
 TICKET DATE 4-16-98
 ORDER NO 10006
 REGION North America
 NWA/COUNTRY USA
 BDA / STATE KS
 COUNTY Hamilton
 MBU ID / EMP # LJ0103 F4550
 EMPLOYEE NAME Tyce Davis
 PSL DEPARTMENT CMT
 LOCATION Liberal
 COMPANY Horsehoe operating
 CUSTOMER REP / PHONE SKIP Burns
 TICKET AMOUNT
 WELL TYPE 02
 API / UWI # RECEIVED 15-075-20669
 WELL LOCATION Land
 DEPARTMENT CMT
 JOB PURPOSE CODE 035
 LEASE / WELL # Lewis #1
 SEC / TWP / RNG 7-22S-41W 1998 JUN 18 12:32

HES EMP NAME/EMP#/(EXPOSURE HOURS)	HRS	HES EMP NAME/EMP#/(EXPOSURE HOURS)	HRS	HES EMP NAME/EMP#/(EXPOSURE HOURS)	HRS	HES EMP NAME/EMP#/(EXPOSURE HOURS)	HRS
B. Murnighan - H2308							
G. Humphries - H4647							

HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES
54078-75374	134						
50866-75505	67						

Form Name _____ Type: _____
 Form Thickness _____ From _____ To _____
 Packer Type _____ Set At _____
 Bottom Hole Temp. _____ Pressure _____
 Misc. Data _____ Total Depth _____

DATE	CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
4-16-98	0415	4-16-98	11-16-98	11-16-98
			1300	1410

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY	MAKE
Float Collar		H
Float Shoe SS 17 4 1/2	1	
Guide Shoe		0
Centralizers S4	6	
Bottom Plug		W
Top Plug 3W L.P.	1	
Head P.C.	1	C
Packer L.A. Kettler	1	
Other Bucket	1	0

WELL DATA

	NEW/USED	WEIGHT	SIZE	FROM	TO	MAX ALLOW
Casing	U	10.5	4 1/2	KB	2751	
Liner						
Liner						
Tbg/D.P.						
Tbg/D.P.						
Open Hole						SHOTS/FT.
Perforations						
Perforations						
Perforations						

MATERIALS

Treat Fluid	Density	Lb/Gal
Disp. Fluid	Density	Lb/Gal
Prop. Type	Size	Lb.
Prop. Type	Size	Lb.
Acid Type	Gal.	%
Acid Type	Gal.	%
Surfactant	Gal.	In
NE Agent	Gal.	In
Fluid Loss	Gal/Lb	In
Gelling Agent	Gal/Lb	In
Fric. Red.	Gal/Lb	In
Breaker	Gal/Lb	In
Blocking Agent	Gal/Lb	
Perfpac Balls	Qty.	
Other		
Other		
Other		
Other		

HOURS ON LOCATION		OPERATING HOURS		DESCRIPTION OF JOB
DATE	HOURS	DATE	HOURS	
				CMT
				4 1/2
				L.S.
TOTAL		TOTAL		

HYDRAULIC HORSEPOWER
 ORDERED Avail. Used
AVERAGE RATES IN BPM
 TREATED Disp. Overall
CEMENT LEFT IN PIPE
 FEET 42 Reason 8.

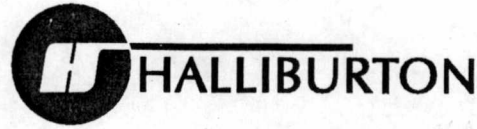
CEMENT DATA

STAGE	SACKS	CEMENT	BULK/SKS	ADDITIVES	YIELD	LBS/GAL
1	320	Pine	6	2% cell 4% flocc	3.22	11.1
1	100	Pine	6		1.24	13.2

Circulating Breakdown	Displacement Maximum	Preflush:	Gal - BBI	Type
Average	Frac Gradient	Load & Bkdn:	Gal - BBI	Pad: BBI - Gal
Shut In: Instant	5 Min 15 Min	Treatment	Gal - BBI	Disp: BBI - Gal 43.7
		Cement Slurr	Gal - BBI	
		Total Volume	Gal - BBI	153.5 43.7 1

Frac Ring #1 _____ Frac Ring #2 _____ Frac Ring #3 _____ Frac Ring #4 _____
THE INFORMATION STATED HEREIN IS CORRECT
 CUSTOMER'S REPRESENTATIVE SIGNATURE _____

15-075-20669-0000



ORIGINAL

15-075-20669

RECEIVED
KANSAS CORP COMM

Halliburton Energy Services

JUN 18 12:32

DATE:04-16-1998 TIME:06:29:30 SERVICE TICKET: 302686
 HUGOTON-25535 BULK TICKET ONLY: 801120
 JOB PURPOSE:LONG STRING
 COMPANY TRUCK#:75505N DRIVER: G.HUMPHRIES

CUSTOMER: HORSESHOE OPERATING LEASE & WELL#:LEWIS #1

504-282	MIDCON CEMENT PREMIUM PLUS	420	SKS.	18.48	7761.60
507-210	FLOCELE	105	LBS.	2.09	219.45
509-406	CALCIUM CHLORIDE	8	SKS.	46.90	375.20
500-207	SERVICE CHARGES	464	CU FT	1.66	770.24
			TOTAL		9126.49
500-306	WEIGHT: 41797	MILES: 90	TON MILES: 1880.86	1.25	2351.07
			TOTAL BOOK PRICE OF BULK TICKET:		\$11477.56

500-225 RETURN SERVICE CHARGES _____ 20% COST OF RET. MATERIALS
 1.66

500-306 WEIGHT: _____ RETURN MILES: 90 TON MILES: _____ 1.25

ALLIED CEMENTING CO., INC. 8015

15-075-20669-0000

Federal Tax I.D.# 48-0727860

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

ORIGINAL

15-075-20669 SERVICE POINT:

Oakley

DATE <u>4-13-98</u>	SEC. <u>7</u>	TWP. <u>22s</u>	RANGE <u>41w</u>	CALLED OUT	ON LOCATION <u>10:45 AM</u>	JOB START <u>1:20 AM</u>	JOB FINISH <u>1:45 AM</u>
LEASE <u>Lewis</u>		WELL# <u>1</u>	LOCATION <u>Syracuse 14N 6W 25 1/2 E 3</u>		COUNTY <u>Hamilton</u>	STATE <u>KS</u>	
OLD OR <input checked="" type="radio"/> NEW (Circle one)							

CONTRACTOR Murfin Drlg Rig 24

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 232'

CASING SIZE 8 5/8 DEPTH 235'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 12'

PERFS. _____

DISPLACEMENT 14 1/4 Bbls

EQUIPMENT

OWNER Horseshoe operating Inc

CEMENT

AMOUNT ORDERED 100 sks Lite 32 cc

1/4" Flo Seal

75 sks CIA 32 cc

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING _____ @ _____

MILEAGE _____ @ _____

TOTAL _____

PUMP TRUCK CEMENTER Dean

191 HELPER Jeff

BULK TRUCK

347 DRIVER Andrew

BULK TRUCK

_____ DRIVER _____

REMARKS:

Cement did circulate ✓

Thank you

SERVICE

DEPTH OF JOB 235

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

PLUG 8 5/8 Surface _____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

CHARGE TO: Murfin Drlg Co

STREET _____

CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE Louis Mc Renna

PRINTED NAME _____