

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

Operator: License # 4894
Name: Horseshoe Operating Co.
Address 500 West Texas
Suite 1190
City/State/Zip Midland Tx., 79701
Purchaser: Natural Gas Clearing House
Operator Contact Person: Jim Dixon
Phone (915) 683-1448
Contractor: Name: Murfin Drilling Co.
License: 30606
Wellsite Geologist: None

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

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

Operator: _____
Well Name: _____
Comp. Date _____ Old Total Depth _____
 Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PSTD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____
5-13-96 5-15-96 5-20-96
Spud Date Date Reached TD Completion Date

API NO. 15- 075-20596-000 ORIGINAL
County Hamilton
C SW Sec. 17 Twp. 22S Rge. 41 E
1320 Feet from S/W (circle one) Line of Section
1320 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 Sinsabaugh Well # 1
Field Name Bradshaw
Producing Formation Winfield
Elevation: Ground 3611 KB 3616
Total Depth 2735 PSTD 2700
Amount of Surface Pipe Set and Cemented at 254 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 2734
feet depth to surface w/ 500 sx cnt.
Drilling Fluid Management Plan ALT 2 JZ 1-23-97
(Data must be collected from the Reserve Pkt)
Chloride content 35,000 ppm Fluid volume 175 bbls.
Dewatering method used _____
Location of fluid disposal if hauled offsite:
RECEIVED
STATE CORPORATION COMMISSION 9-11-96
Operator Name _____
Lease Name SEP 1 1996 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, 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 Terry Maxwell
Title Consultant Date 9-5-96
Subscribed and sworn to before me this 5 day of September
19 96
Notary Public Terry Maxwell
Date Commission Expires 12-13-96

K.C.C. OFFICE USE ONLY
Letter of Confidentiality Attached
 Wireline Log Received
 Geologist Report Received
Distribution
KCC NGPA
KGS Other
PUBLIC Plug (Specify)
Form ACD-1 (7-91)

Operator Name Horseshoe Operating Co. Lease Name Sinsabaugh Well # 1

Sec. 17 Twp. 22S Rge. 4E East West County Hamilton

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem tests giving interval tested, time test 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 sheets 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 checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Stone Corral	2210	+1406
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	U Winfield	2670	+946
List All E.Logs Run:		Towanda	2696	+920
Neutron - Density - GR - Caliper Cemt Bond - GR - Collar Correlation				

CASING RECORD New 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"	26#	254	Class C	150	2% CaCl 1/4#/sx ce
Production	7 7/8"	4 1/2"	11:6#	2732	Class C	400	3% Ext 2% CaCl
"						100	2% CaCl 1/4# cell

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	2674 - 2688	750 gal 7.5% Acid	2674-88
		2688# 20/40 Sand	
		291 bbls gelled KCL	

TUBING RECORD Size 2 3/8" Set At 2690 Packer At _____ Liner Run Yes No

Date of First Resumed Production, SWD or Inj. 8-1-96 Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil	Able.	Gas	Mcf	Water	Bble.	Gas-Oil Ratio	Gravity
				357		68		

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

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify)

Production Interval: 2674-88

15-075-20596-0000

CEMENTING SERVICE REPORT

Schlumberger
Dowell

DOWELL SCHLUMBERGER INCORPORATED

TREATMENT NUMBER
8360
DATE 5-13-96
STAGE 1 DS 03 DISTRICT 12

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

WELL NAME AND NO. <i>Simsbaugh #1</i>	LOCATION (LEGAL) <i>SEC 17-225-416</i>	RIG NAME: <i>MURFIC 3</i>
FIELD-POOL <i>Bladeshow</i>	FORMATION <i>SURE</i>	WELL DATA: BOTTOM TOP
COUNTY/PARISH <i>Hamilton</i>	STATE <i>KS.</i>	BIT SIZE <i>12 1/4</i> CSG/Liner Size <i>8 1/2</i>
NAME <i>HAR SESHORE OPERATING</i>	API. NO.	TOTAL DEPTH WEIGHT <i>24</i> ORIGINAL
AND		<input type="checkbox"/> BOT <input type="checkbox"/> CABLE FOOTAGE <i>254</i>
ADDRESS		MUD TYPE GRADE
ZIP CODE		<input type="checkbox"/> BHST <input type="checkbox"/> BHCT THREAD <i>40</i>
SPECIAL INSTRUCTIONS		MUD DENSITY LESS FOOTAGE ABOVE JOINTS <i>212</i> TOTAL
		MUD VISC. Disp. Capacity <i>13.5</i>

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

FOOT TYPE <i>OGP PLATE</i>	DEPTH <i>212</i>	SHOE TYPE <i>TCX PAT.</i>	DEPTH <i>254</i>
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Head & Plugs	<input type="checkbox"/> TBG	<input type="checkbox"/> D.P.	SQUEEZE JOB
<input type="checkbox"/> Double	SIZE	TOOL TYPE	DEPTH
<input checked="" type="checkbox"/> Single	WEIGHT	TAIL PIPE: SIZE	DEPTH
<input type="checkbox"/> Swage	GRADE	TUBING VOLUME	Bbls
<input type="checkbox"/> Knockoff	THREAD	TOP OR LW	<input type="checkbox"/> NEW <input type="checkbox"/> USED CASING VOL. BELOW TOOL Bbls
		BOT OR LW	DEPTH TOTAL Bbls
			ANNUAL VOLUME Bbls

IS CASING/TUBING SECURED? YES NO

IFT PRESSURE *100* PSI CASING WEIGHT - SURFACE AREA (3.14 x R²)

PRESSURE LIMIT *1500* PSI BUMP PLUG TO *800* PSI

ROTATE RPM RECIPROCATE FT No. of Centralizers *2*

TIME	PRESSURE		VOLUME PUMPED bbl		JOB SCHEDULED FOR			ARRIVE ON LOCATION		LEFT LOCATION	
	TBG OR D.P.	CASING	INCREMENT	CUA	TIME	DATE	TIME	DATE	TIME	DATE	
0001 to 2400											
2022		1200		X			1900	5-13	1900	5-13	
2024		130	10	2.8	4.8	11					
2026		150	28	10	4.8	13.9					
2032		190	17	58	4.8	14.8					
2036		200		55							
2037		80	13.6		4.2	11.0					
2040		80		10	2.4	11					
2042		60		11	2.4	11					
2043		800		13.6	2.4	11					
2044		40				11					
2044		40									

PREJOB SAFETY MEETING

2022 PRETEST

2024 start H 20

2026 start W 120

2032 start T 160

2036 start P 120

2037 prop plug start DIS

2040 lower rate

2042 CMT to SURFACE

2043 BUMP PLUG

2044 close in 490

2044 Reel line

RECEIVED
STATE CORPORATION COMMISSION
SEP 1 1996

MARKS

SYSTEM CODE	NO. OF SACKS	YIELD CU. FT/SK	COMPOSITION OF CEMENTING SYSTEMS		SLURRY MIXED	
					BBLs	DENSITY
1	75	1.86	75	C + 6% P-204 2% S-1 + 4% 0-29	2.8	12.8
2						
3	75	1.34		C + 2% S-1 + 4% 0-29	1.2	14.8
4						
5						
6						

BREAKDOWN FLUID TYPE	VOLUME	DENSITY	PRESSURE	MAX. 800	MIN. 60
<input type="checkbox"/> HESITATION SO.	<input type="checkbox"/> RUNNING SO.	<input type="checkbox"/> CIRCULATION LOST	<input type="checkbox"/> YES <input type="checkbox"/> NO	Cement Circulated To Surf.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 3 Bbls
BREAKDOWN	PSI FINAL	PSI	DISPLACEMENT VOL. 13.6	Bbls	TYPE OF WELL
WAS THIS PUMP	<input type="checkbox"/> YES <input type="checkbox"/> NO	FT.	MEASURED DISPLACEMENT	<input type="checkbox"/> WIRELINE	<input type="checkbox"/> OIL <input type="checkbox"/> GAS <input type="checkbox"/> STORAGE <input type="checkbox"/> INJECTION <input type="checkbox"/> BRINE WATER <input type="checkbox"/> WILDCAT
INCORPORATIONS		CUSTOMER REPRESENTATIVE	DS SUPERVISOR		
TO	TO	TERRY MAXWELL	DS SUPERVISOR		

CEMENTING SERVICE REPORT

Schlumberger
Dowell

15-075-20596-0000
TREATMENT NUMBER 15-12-2356 DATE 5-15-96
STAGE DS DISTRICT 11111111111111111111

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

WELL NAME AND NO: SINSAUGH #1 LOCATION (LEGAL): Sec. 17-225-4100 RIG NAME: MURFIN #8
 FIELD-POOL: BRADSHAW FORMATION: _____ WELL DATA: _____ BOTTOM _____ TOP _____
 COUNTY/PARISH: HAMILTON STATE: Kc. API. NO.: _____ BIT SIZE: 1 1/8 CSG/Liner Size: 4 1/2
 NAME: Horseshoe Operating TOTAL DEPTH: 5 WEIGHT: 116
 ADDRESS: _____ **ORIGINAL** ROT CABLE FOOTAGE: 2734
 ZIP CODE: _____ MUD TYPE: _____ GRADE: 255
 SPECIAL INSTRUCTIONS: _____ BHST BHCT THREAD: 800
 IS CASING/TUBING SECURED? YES NO MUD DENSITY: _____ LESS FOOTAGE SHOE JOINT(S): _____ TOTAL _____
 LIFT PRESSURE: 1996 PSI CASING WEIGHT ÷ SURFACE AREA (3.14 x R²): _____ MUD VISC.: _____ Disp. Capacity: 473
 PRESSURE LIMIT: _____ PSI BUMP PLUG TO: 1100 PSI NOTE: Include Footage From Ground Level To Head In Disp. Capacity _____
 ROTATE: _____ RPM RECIPROCATATE _____ FT No. of Centralizers _____

Head & Plugs TBG D.P. SQUEEZE JOB
 Double Single Swage Knockoff NEW USED
 SIZE _____ WEIGHT _____ GRADE _____ THREAD _____ DEPTH _____
 TOOL TYPE _____ DEPTH _____ TAIL PIPE: SIZE _____ DEPTH _____
 CASING VOL. BELOW TOOL _____ Bbls
 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											
0022	1400										
0024	0	2	5		5.6	H ₂ O					
0025	240	230			5.6	cmf	11'				
0051	140		150		5.6	cmf	11'				
0104	210	74			5.6	cmf	14.8				
0106	220		16		5.6	cmf	14.8				
0108	0										
0112	0	423			5.7	H ₂ O					
0116	180		20		5.7	H ₂ O					
0118	400		30		5.1						
0119	550		24		2.4						
0121	570		40		2.4						
0122	1800		423		2.4						
0123											
0125	1700										
0127	1200										

REMARKS: PRE-JOB SAFETY MEETING - PSI TACT
START H₂O ahead
START lead cmf
PSI check
START tail cmf.
PSI check
SHUTDOWN WASH LINES deep batch plug
START displacement
PSI check
100% RATE
PSI check
bump batch down plug
bleed psi at plug first holding
bump plug again - bleed psi at first holding
bump plug again
shut in cmf manifold
bleed psi at end job

SYSTEM CODE	NO. OF SACKS	YIELD CU. FT/SK	COMPOSITION OF CEMENTING SYSTEMS				SLURRY MIXED	
							BBLs	DENSITY
1.	400	3.23	class C + 3% 1179 + 2% crack + 2% 1146 + 1/4" 1129				230	11'
2.								
3.	100	1.34	class C + 2% crack + 1/4" 1129				23.8	14.8
4.								
5.								
6.								

BREAKDOWN FLUID TYPE: _____ VOLUME: _____ DENSITY: _____ PRESSURE: _____ MAX. _____
 HESITATION SQ. RUNNING-SQ. CIRCULATION LOST: _____ YES NO Cement Circulated To Surf. YES NO 42 Bbls
 BREAKDOWN: _____ PSI FINAL: _____ PSI DISPLACEMENT VOL.: 42.3 Bbls TYPE OF WELL: OIL STORAGE BRINE WATER
 Washed Thru Perfs YES NO TO _____ FT. MEASURED DISPLACEMENT WIRELINE GAS INJECTION WILDCAT
 PERFORATIONS: _____ TO _____ TO _____ CUSTOMER REPRESENTATIVE: TERRY HOWELL SUPERVISOR: JAMES EQUIPMENT