

ORIGINAL

SIDE ONE

plus KCC

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

Operator: License # 3871

Name: Hugoton Energy Corporation

Address 229 E. William Suite 500

City/State/Zip Wichita, KS 67202

Purchaser: Spot

Operator Contact Person: Jim Gowens

Phone (316) 262-1522

Contractor: Name: Murfin Drilling Company

License: 6033

Wellsite Geologist: Ron Osterbuhr

Designate Type of Completion

New Well Re-Entry Workover
 Oil SWD Temp. Abd.
 Gas Inj Delayed Comp.
 Dry Other (Core, Water Supply, etc.)

If **OWMO**: old well info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Drilling Method:

Mud Rotary Air Rotary Cable

7-9-90 7-16-90 11-28-90

Spud Date Date Reached TD Completion Date

API NO. 15- 055-20, 925-0000

County Finney

C SE Sec. 30 Twp. 22S Rge. 31W XX East West

1320 Ft. North from Southeast Corner of Section

1320 Ft. West from Southeast Corner of Section

(NOTE: Locate well in section plat below.)

Lease Name Russell Well # 2-30 ? 1-30

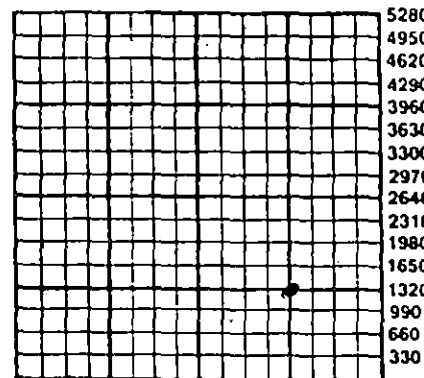
Field Name Hugoton Infill

Producing Formation Chase

Elevation: Ground 2910 KB 2916

Total Depth 4970 PBTD 2845

STATE CORPORATION COMMISSION
HEALTH
WICHITA, KANSAS
APR 2 1991



*ATI OK
5-12-92*

Amount of Surface Pipe Set and Cemented at 1310 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 cmt.

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.

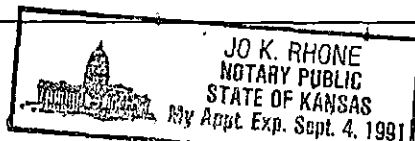
Signature [Signature]

Title Exploration Manager Date 7-27-90

Subscribed and sworn to before me this 2ND day of April, 19 91.

Notary Public Jo K. Rhone

Date Commission Expires _____



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

Form ACO-1 (7-89)

P1

ORIGINAL

SIDE TWO

Operator Name Hugoton Energy Corporation Lease Name Russell Well # 2-30

Sec. 30 Twp. 22S Rge. 31W East West County Finney

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.)

Formation Description

Log Sample

Name	Top	Bottom
Krider	2684	
Heebner	3973	
Marmaton	4518	
Cherokee	4633	
Morrow Shale	4778	
Mississippian	4796	

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"		1310'	Lite	450	3% CC
Production		4 1/2"		2919	class C	150	3% CC
			Lite		375	2% CC	
			Class C		200	2% CC	

Shots Per Foot	PERFORATION RECORD Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
2	2700 - 10	500 gal 15% acid	
		Frac 22,386 gal Fluid + 50,300 # Sand	

TUBING RECORD Size 2 3/8" Set At 2707 Packer At _____ Liner Run Yes No

Date of First Production N/A Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	0	60	50		

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

METHOD OF COMPLETION Open Hole Perforation Dually Completed Commingled Other (Specify) _____

Production Interval 2700
2710

Russel
15-055-20925-0000

ORIGINAL

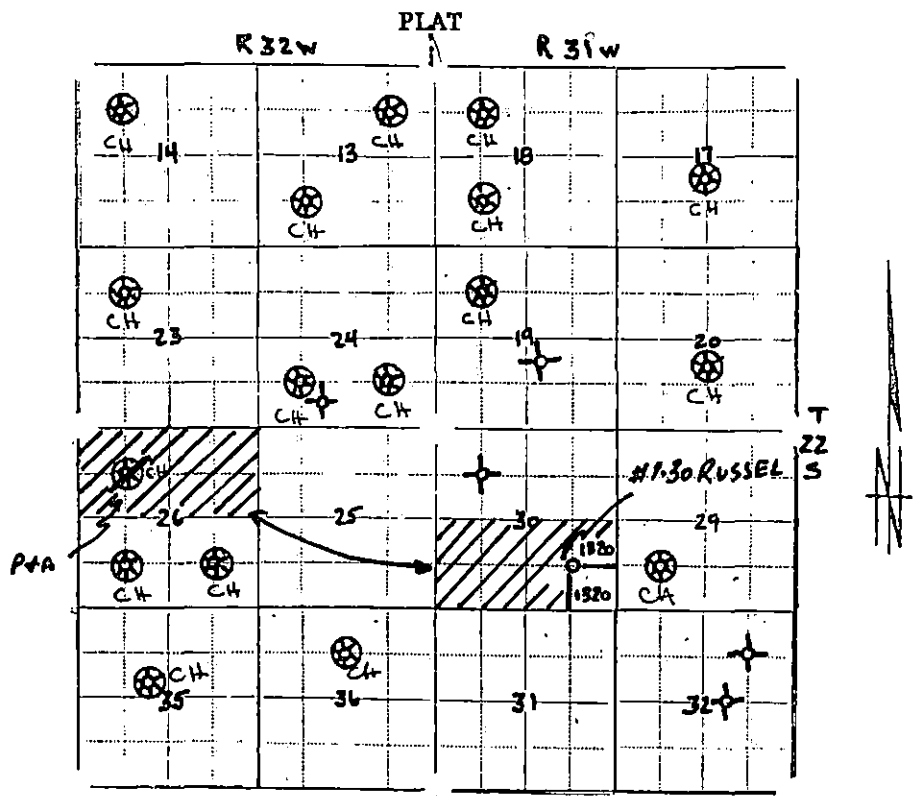
PLAT OF ACREAGE ATTRIBUTABLE TO A WELL

State Corporation Commission, Conservation Division
200 Colorado Derby Bldg. Wichita, Kansas 67202

OPERATOR Hugoton Energy Corporation LOCATION OF WELL:
LEASE Russell 1320 feet north of SE corner
WELL NUMBER 1-30 1320 feet west of SE corner
FIELD Wildcat Sec. 30 T 22 R 31 E/W

NO. OF ACRES ATTRIBUTABLE TO WELL 640 COUNTY Finney
IS SECTION X REGULAR IRREGULAR?
DESCRIPTION OF ACREAGE S/2 30-22-31 N/2 26-22-32
IF IRREGULAR, LOCATE WELL FROM NEAREST CORNER BOUNDARY.

NOTE: If plat depicted is insufficient for your circumstances, you may attach your own scaled or surveyed plat.



In plotting the proposed location of the well, you must show:

- 1) The manner in which you are using the depicted plat by identifying section lines, i.e. 1 section, 1 section with 8 surrounding partial sections, 4 sections, 16 sections, etc.;
- 2) the well's location relative to the location of other wells producing from the same common source of supply in adjoining drilling units, pursuant to K.A.R. 82-3-108, 82-3-207, 82-3-312, or special orders of the Commission;
- 3) the distance of the proposed drilling location from the section's east and south lines; and
- 4) the distance to the nearest lease or unit boundary line.

I hereby certify that the statements made herein are true and to the best of my knowledge and belief.

Signature of Operator or Agent [Signature]

Date July 5, 1990 Title Exploration Manager

THE WESTERN COMPANY SERVICE ORDER AND FIELD RECEIPT NO. L 135689

SHADED AREAS FOR ACCOUNTING USE ONLY

CUSTOMER NUMBER	INVOICE NUMBER	DISTRICT	STATE	TYPE	CLASS	GAS	ACCT.	TRANS.
CUSTOMER (COMPANY NAME) <i>Hocotom Energy Corp</i>		CREDIT APPROVAL NO.		PURCHASE ORDER NO.				
MAIL INVOICE TO: <i>229 E. William Suite 500 Wichita Ks 67202</i>		STREET OR BOX NUMBER		CITY		STATE AND ZIP CODE		
DATE WORK COMPLETED <i>7/11/90</i>	WESTERN SERVICE SUPERVISOR <i>Reeves (053661)</i>	WELL TYPE (CHECK ONE) NEW <input checked="" type="checkbox"/> OLD <input type="checkbox"/>						
WESTERN DISTRICT <i>Parade - Account</i>	JOB DEPTH (FT.) <i>1310'</i>	WELL CLASS: (CHECK ONE) OIL <input checked="" type="checkbox"/> DISPOSAL <input type="checkbox"/> GAS <input checked="" type="checkbox"/> INJECTION <input type="checkbox"/>						
WELL NAME AND NUMBER <i>30-223-31W</i>	TD WELL DEPTH (FT.) <i>1310'</i>	GAS USED ON JOB (CHECK ONE) CO ₂ <input type="checkbox"/> NONE <input checked="" type="checkbox"/>						
WELL LOCATION <i>30-223-31W Finney Ks.</i>	SECTION/PAGE	COUNTY	STATE	FIELD SALES AND SERVICE REPRESENTATIVE				
ARRIVE LOCATION <i>7-11-90</i>	SERVICE ORDER: I AUTHORIZE WORK TO BEGIN PER SERVICE INSTRUCTIONS IN ACCORDANCE WITH TERMS AND CONDITIONS PRINTED ON THE REVERSE SIDE OF THIS FORM AND REPRESENT THAT I HAVE AUTHORITY TO ACCEPT AND SIGN THIS ORDER.							
SEE REVERSE SIDE FOR GENERAL TERMS AND CONDITIONS	CUSTOMER AUTHORIZED AGENT <i>Kedra Pan</i>							
THIS ORDER MUST BE SIGNED BEFORE WORK CAN COMMENCE.								

UNITS	CODE	DEPTHS AND DESCRIPTION	UNIT PRICE	AMOUNT
60.0	K1005	Mileage - Hwy. Equip	2.20	132.00
60.0	K1025	Mileage - Pickup	0.80	48.00
70.0	K2015	Pump Charge	5.63	395.00
1010.0	K2015A	Additional Footage	0.40	404.00
680.5	M1005	Service Charge	0.95	646.48
1716.3	M2305	Delivery Charge	0.70	1201.41
450.0	P462N	Per setter Lite	7.75	3487.50
150.0	P392N	Collar	7.10	1065.00
1598.0	P0527	Cement	0.322	514.56
112.0	P1915	Bello Seal	1.60	179.20
1.0	P3625	Top	90.00	90.00
1.0	13156	Guide Shoe	200.00	200.00
1.0	17299	Floot Insert w/AFD	290.00	290.00
2.0	17068	Contraizers	58.00	116.00
1.0	P3255	Thread Lock	20.00	20.00
		<i>Field est.</i>		<i>8789.15</i>
		<i>APR 2 1991</i>		

JOB TYPE CODES	ACCOUNTING USE ONLY	CUSTOMER REP. LAST NAME <i>Kedra Pan</i>
CEMENTING SERVICES 10. CONDUCTOR 11. SURFACE 12. INTERMEDIATE 13. LONG 14. LINER 15. TIEBACK 16. PLUG & ABANDON 17. PLUG BACK 18. SQUEEZE 19. PUMPING (CEMENT) 20. BULK SALE (CEMENT)	STIMULATION SERVICES 30. ACID, MATRIX 31. ACID, FRACTURE 32. FRACTURE, 0-9,999 psi 33. FRACTURE, 10,000+ psi 34. PUMPING (STIM) 35. BULK SALE (STIM) 40. SAND CONTROL	SERVICE RECEIPT: I CERTIFY THAT THE MATERIALS AND SERVICES LISTED WERE RECEIVED AND ALL SERVICES PERFORMED IN A WORKMAN LIKE MANNER. CUSTOMER AUTHORIZED AGENT <input checked="" type="checkbox"/> <i>Kedra Pan</i> WESTERN APPROVAL <input checked="" type="checkbox"/>



INVOICE

ORIGINAL

REMIT TO: P.O. BOX 890788
DALLAS TX 75389-0788

15-055-20925-0000

INVOICE DATE
07/17/90

PAGE
1
INVOICE NUMBER
03-12-2844

918069
HUGOTON ENERGY
SUITE 500
229 E WILLIAM
WICHITA KS 67202

TYPE SERVICE
CEMENTING CEMENT-PRODUCTIO

WELL NAME / JOB SITE	STATE	COUNTY / CITY	SERVICE FROM LOCATION	SHIPPED VIA	CUSTOMER P.O. NO / REF
RUSSELL 1-30	KS	FINNEY	ULYSSES KS	DS	
LOCATION / PLANT ADDRESS	DATE OF SERVICE ORDER		CUSTOMER OR AUTHORIZED REPRESENTATIVE		
	07/17/90		RON OSTERBUHR		

ITEM CODE	DESCRIPTION	UOM	QTY	UNIT PRICE	AMOUNT
048215000	CASING CENTR 2500-2999 FT.	BHR	1	1,026.0000	1,026.00
049102000	TRANSPORTATION CHNT TON MILE	MT	1763	.8000	1,410.40
049100000	SERVICE CHG CEMENT MATL LAND	CFT	621	1.0800	670.68
059697000	PACK TREAT ANALYSIS RECORDER	JOB	1	110.0000	110.00
059200002	MILEAGE, ALL OTHER EQUIPMENT	MT	65	2.4000	156.00
040003000	D903, CEMENT CLASS C	CFT	200	7.3000	1,460.00
040015000	D909, CEMENT CLASS H	CFT	244	7.1500	1,744.60
045008000	D35, LITEPOZ 3 EXTENDER	CFT	131	2.3000	301.30
045014050	D20, BENTONITE EXTENDER	LBS	1958	.1300	254.54
067005100	S1, CALCIUM CHLORIDE	LBS	653	.3200	208.96
044002050	D60, FLAC FLUID LOSS ADDITIV	LBS	56	6.7000	375.20
044003025	D29, CELLOPHANE FLAKES	LBS	144	1.3700	197.28
050101044	SHOE CENG TYPE GUIDE 4-1/2"	EA	1	105.0000	105.00
053003044	INSERT ORIFICE FILL 4-1/2"	EA	1	180.0000	180.00
056008044	BASKET CENG CASING 4-1/2"	EA	2	130.0000	260.00
056011044	CENTR REG 4-1/2" B DIA 7-3/4"	EA	1	280.0000	280.00
056704044	PLUG CENG 4-1/2" TOP AL CORE	EA	1	70.0000	70.00
056014044	RING STOP HAMMER 4-1/2"	EA	1	16.0000	16.00
057499001	K232, THD LKG COMPOUND KIT	EA	1	22.0000	22.00
	DISCOUNT - MATERIAL				1,535.20
	DISCOUNT - SERVICE				944.46

RECEIVED
STATE OF KANSAS COMMISSION
APR 2 1991
Conservation Division
Wichita, Kansas

SUB TOTAL -- 6,376.30
STATE TAX ON 3,875.68 164.71
LOCAL TAX ON 3,875.68 38.75
AMOUNT DUE -- 6,579.76

H. C. STATE TAX ON
N.F.C. LOCAL TAX ON

WITH QUESTIONS CALL 316-356-1272
FEDERAL TAX ID # 38-239-7173
TERMS -- NET 30 DAYS DUE ON OR BEFORE AUG 16, 1990

THANK YOU. WE APPRECIATE YOUR BUSINESS.

Larry A. Kolstad
G A KOLSTAD