

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

Operator: License # 31995

Name: Charles griffin

Address Rte. 3 Box 56

City/State/Zip Stafford, KS 67578

Purchaser: Koch SANDHILL GAS PIPELINE

Operator Contact Person: Bennie Griffin

Phone (316) 234-6189

Contractor: Name: BASYE WELL SERVICE

License: 5670

Wellsite Geologist: NONE

Designate Type of Completion

New Well Re-Entry Workover

Oil SWD SLOW Temp. Abd.

Gas ENHR SIGW

Dry Other (Core, MSW, Expl., Cathodic, etc)

If Workover/Reentry: Old Well Info as follows:

Operator: Energy Reserves Group

Well Name: Allen #8

Comp. Date 3/17/78 Old Total Depth 3600

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back 2800 PBD

Commingled Docket No. _____

Dual Completion Docket No. _____

Other (SWD or Inj?) Docket No. _____

9/27/97 Date of START Date Reached TD 9/30/97 Completion Date of
OF WORKOVER WORKOVER

API NO. 15- 185-20,804-0001

County Stafford

-NE - SW - SW Sec. 31 Twp. 22 Rge. 11 ^E _W

1200 Feet from (S)W (circle one) Line of Section

850 Feet from E (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or (S)W (circle one)

Lease Name Allen Well # 8

Field Name Richardson

Producing Formation Severy

Elevation: Ground 1813 KB 1826

Total Depth 3600 PBD 2800

Amount of Surface Pipe Set and Cemented at 560 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.

Drilling Fluid Management Plan DWWO, 2-3-99 U.C.
(Date must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used RECEIVED

Location of fluid disposal if hauled offsite: 1-29-99

Operator Name _____ JAN 29 1999

Lease Name _____ License No. _____

_____ Quarter Sec. _____ Twp. WICHITA, KS ^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.

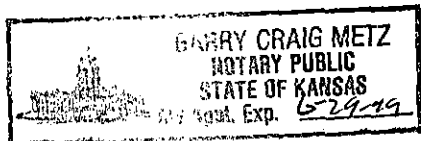
All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature [Signature]
Title _____ Date 1/29/99

Subscribed and sworn to before me this 29th day of January, 19 99.

Notary Public [Signature]

Date Commission Expires 6-29-99



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)

ORIGINAL

SIDE TWO

Operator Name Charles Griffin Lease Name Allen Well # 8

Sec. 31 Twp. 22S Rge. 11 East West
County Stafford

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	<u>Tarkio Sand</u>	<u>2570 -684</u>
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Howard</u>	<u>2690 -864</u>
List All E.Logs Run:		<u>Severy</u>	<u>2748 -922</u>

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

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
	<u>CIBP Set @ 2800</u>		
<u>2</u>	<u>2760-2767</u>	<u>1000 Gallons 15% HCl</u>	

TUBING RECORD		Size " <u>2 3/8</u> "	Set At <u>2772'</u>	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj.		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. <u>0</u>	Gas Mcf <u>N/C</u>	Water Bbls.	Gas-Oil Ratio	Gravity

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

METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled 2760'-2767'

Production Interval: Other (Specify) _____