

STATE CORPORATION COMMISSION OF KANSAS OIL & GAS CONSERVATION DIVISION

WELL COMPLETION OR RECOMPLETION FORM ACO-1 WELL HISTORY

DESCRIPTION OF WELL AND LEASE

Operator: license # 5171 name TXO PRODUCTION CORP. address 200 W. Douglas, Suite 300 City/State/Zip Wichita, KS 67202

Operator Contact Person Harold R. Trapp Phone 316-265-9441, Ext. 261

Contractor: license # 5107 name H-30 Drilg. Inc.

Wellsite Geologist None Phone

PURCHASER Delhi

Designate Type of Completion [] New Well [] Re-Entry [X] Workover [] Oil [X] Gas [] Dry [] SWD [] Inj [] Other (Core, Water Supply etc.) [] Temp Abd [] Delayed Comp.

If OWWO: old well info as follows: Operator Irex Corp. & Panwestern Well Name Schmidt #1 Comp. Date 5-15-83 Old Total Depth 5200

WELL HISTORY

Drilling Method: [X] Mud Rotary [] Air Rotary [] Cable Spud Date 5-8-84 Date Reached TD 5-11-84 Completion Date 6-18-84 Total Depth 5060' PBT 4971' Amount of Surface Pipe Set and Cemented at 8-5/8" @ 528' feet Multiple Stage Cementing Collar Used? [X] Yes [] No If Yes, Show Depth Set n/a feet If alternate 2 completion, cement circulated from n/a feet depth to n/a w/ n/a SX cmt

API NO. 15 - 097-20,937-0001

County Kiowa

C SW SW Sec 4 Twp 30S Rge 18W West

660 Ft North from Southeast Corner of Section 4620 Ft West from Southeast Corner of Section (Note: locate well in section plat below)

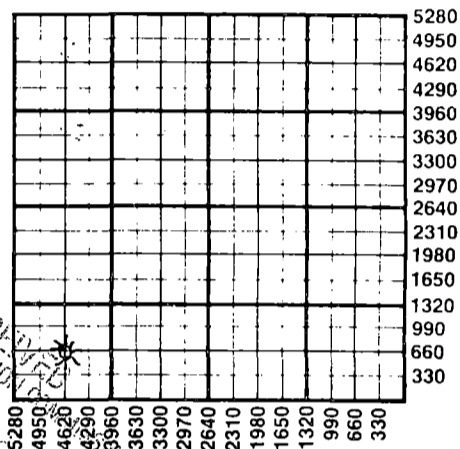
Lease Name SCHMIDT "B" Well# 1

Field Name Parkin Alford

Producing Formation Marmaton

Elevation: Ground 2221' KB 2234'

Section Plat



STATE CORPORATION COMMISSION RECEIVED NOV 06 1984 CONSERVATION DIVISION Wichita, Kansas

WATER SUPPLY INFORMATION

Source of Water: 11-6-84 Division of Water Resources Permit # n/a [] Groundwater n/a Ft North From Southeast Corner and (Well) Ft. West From Southeast Corner of Sec Twp Rge [] East [] West [] Surface Water n/a Ft North From Southeast Corner and (Stream, Pond etc.) Ft West From Southeast Corner Sec Twp Rge [] East [] West [] Other (explain) (purchased from city, R.W.D.#)

Disposition of Produced Water: [] Disposal [] Repressuring Docket # none

INSTRUCTIONS: This form shall be completed in duplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 90 days after completion or recompletion of any well. Rules 82-3-130 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 drillers time log shall be attached with this form. 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 Harold R. Trapp Title District Geologist Date 10-23-84

Subscribed and sworn to before me this 23rd day of October 1984

Notary Public Sandra Lou Felter Date Commission Expires 1-30-88

Sandra Lou Felter NOTARY PUBLIC State of Kansas My Appt. Expires 1-30-88

K.C.C. OFFICE USE ONLY [] Letter of Confidentiality Attached [] Wireline Log Received [] Drillers Timelog Received [X] KCC [X] KGS [] SWD/Rep [] Plug [] NGPA [] Other (Specify)

Sec. 4 Twp. 30 Rge. 18W

Operator Name TXO PRODUCTION CORP. Lease Name SCHMIDT "B" Well# 1 SEC 4 TWP 30S RGE 18W East West

WELL LOG

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
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No

Formation Description
 Log Sample

Name Top Bottom
 NO O.H. LOGS RUN

CASING RECORD <input checked="" 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
PRODUCTION		4 1/2"	10.5#	5000'	w/150 sxs	Class A	
PERFORATION RECORD				Acid, Fracture, Shot, Cement Squeeze Record			
shots per foot	specify footage of each interval perforated			(amount and kind of material used)			Depth
w/4 JSPF	4857-60'			Treated w/10 bbls 15% HC.I w/additives			4857-60'
				Acidized w/ 2000 gals DGA 228 w/additives			" "
TUBING RECORD size 2-3/8" set at 4925' packer at n/a				Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Date of First Production 10-5-84	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	Gas	Water	Gas-Oil Ratio	Gravity		
	3.34 Bbls	83 MCFD MCF	0 BW Bbls	CFPB			

Disposition of gas: vented sold used on lease

METHOD OF COMPLETION
 open hole perforation other (specify) _____

Dually Completed.
 Commingled

PRODUCTION INTERVAL
 Perf 4857-60'
 Marmon

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

Operator: License # 5171
Name: Marathon Oil Company
Address P.O. Box 689

City/State/Zip Oklahoma City, OK 73101

Purchaser: _____

Operator Contact Person: R.J. Steppe, III
Phone (405) 720-7373

Contractor: Name: _____

License: _____

Wellsite Geologist: _____

Designate Type of Completion

____ New Well ____ Re-Entry XX Workover

____ Oil ____ SWD ____ SIOW ____ Temp. Abd.
____ Gas ____ ENHR ____ SIGW
XX Dry ____ Other (Core, WSW, 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
XX Plug Back 4825 PBTD
____ Commingled ____ Docket No. _____
____ Dual Completion ____ Docket No. _____
____ Other (SWD or Inj?) Docket No. _____

5-8-84 5-11-84 6-11-84
Spud Date Date Reached TD Completion Date
Recompletion date - 4-20-93

API NO. 15- 097-20,937 0001 **ORIGINAL**
County Kiowa
C SW SW Sec. 4 Twp. 30S Rge. 18 X W^E
660 Feet from SW (circle one) Line of Section
4620 Feet from EW (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)
Lease Name SCHMIDT "B" Well # 1
Field Name Parkin
Producing Formation Dennis
Elevation: Ground 2221 KB 2234
Total Depth 5060 PBTD 4825
Amount of Surface Pipe Set and Cemented at 528 Feet
Multiple Stage Cementing Collar Used? ____ Yes X No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan 6-3-93
(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, 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 RJ Steppe, III

Title Production Engineer Date 5-14-93

Subscribed and sworn to before me this 21 day of May, 19 93.

Notary Public Barbara J. Standridge

Date Commission Expires 11-1-95

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)

pl

Operator Name MARATHON OIL COMPANY Lease Name SCHMIDT "B" Well # 1

Sec. 4 Twp. 30S Rge. 18 East West
 County KIowa

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 type="checkbox"/> No	<input type="checkbox"/> Log Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No	NO OPEN HOLE LOGS RUN	
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
List All E.Logs Run:	N/A - recompletion		

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	PREVIOUSLY SET						
PRODUCTION	7 7/8"	4 1/2"	10.5#	5000'	Class A	150	

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
4	Dennis Zone 4762-4767 CIBP @4825'	Treated w/250 gals 15% HCl	

TUBING RECORD	Size <u>2 3/8"</u>	Set At <u>4925</u>	Packer At <u>n/a</u>	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or Inj. <u>n/a</u>	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)				
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas:	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, submit ACO-18.)	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	_____