

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

Operator: License # 9534

Name: Giant Exploration & Production

Address P.O. Box 2810

2200 Bloomfield Highway

City/State/Zip Farmington, NM 87499-2810

Purchaser: N/A

Operator Contact Person: John C. Corbett

Phone (505) 326-3325

Contractor: Name: Murfin Drilling Company

License: 30606

Wellsite Geologist: Dave Clark

Designate Type of Completion

New Well Re-Entry Workover

Oil SWD SIOW Temp. Abd.

Gas ENHR SIGW

Dry Other (Core, WSM, 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 _____ PBTB

_____ Commingled _____ Docket No. _____

_____ Dual Completion _____ Docket No. _____

_____ Other (SWD or Inj?) _____ Docket No. _____

09-13-93 09-21-93 N/A

Spud Date Date Reached TD Completion Date

API NO. 15- 119-20872-0000 ORIGINAL

County Meade

Sec. 10 Twp. 35S Rge. 29 E

500 Feet from S (circle one) Line of Section

1800 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 Adams Ranch Well # F-41

Field Name Cimarron Bend

Producing Formation N/A

Elevation: Ground 2309' KB 2317'

Total Depth 5375' PBTB N/A

Amount of Surface Pipe Set and Cemented at 1500' 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 cat.

Drilling Fluid Management Plan D & A 97 11-15-93
(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 John C. Corbett John C. Corbett

Title Senior Vice President Date OCT 14 1993

Subscribed and sworn to before me this 14th day of October 19 93.

Notary Public Paula M. Mij

Date Commission Expires 08-09-97

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Report Received
STATE CORPORATION COMMISSION
Distribution
KCC SWD/Rep _____ NGPA
08 18 1993 Plug _____ Other _____
10-18-93 (Specify)
CONSERVATION DIVISION
Wichita, Kansas

Operator Name Giant Exploration & Production Lease Name Adams Ranch Well # F-41

Sec. 10 Twp. 35S Rge. 29
 East
 West

County Meade

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.)

List All E.Logs Run: Dual Induction
 Compensated Sonic
 Spectral Density
 Dual Spaced Neutron
 Microlog

Name	Formation (Top), Depth and Datum	
	Top	Datum
Wreford	2855'	-538'
Council Grove	2964'	-647'
Huebner	4293'	-1976'
Toronto	4317'	-2000'
Lansing A	4442'	-2125'
Kansas City A	5016'	-2699'
Marmaton	5177'	-2860'
Novinger	5252'	-2935'

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
Surface	12-1/4"	8-5/8"	24#/ft	1500' KB	Premium Light Premium Plus	570 150	2% CaCl ₂ , 1/4 #/sk cellophane flakes

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		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		Amount and Kind of Material Used	Depth

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No

Date of First, Resumed Production, SWD or Inj.	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 Bbl's.	Gas Mcf	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 Other (Specify) _____

Production Interval: _____

JOB SUMMARY

HALLIBURTON DIVISION MID-CONT.
HALLIBURTON LOCATION LICERAL

ORIGINAL

BILLED ON TICKET NO. 527904

WELL DATA

SEC. 10 TWP. 55N RING. 29W COUNTY NEAR STATE KS

TYPE _____

FROM _____ TO _____

BPD. WATER _____ BPD. GAS _____ MCFD _____

BPD. WATER _____ BPD. GAS _____ MCFD _____

MUD TYPE _____ MUD WT. _____

BET AT _____

PRESSURE _____

TOTAL DEPTH _____

NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
CASING	<u>N</u>	<u>2 1/2</u>	<u>KB</u>	<u>1502</u>	
LINER					
TUBING					
OPEN HOLE		<u>KB</u>	<u>KB</u>	<u>1503</u>	SHOTS/FT.
PERFORATIONS					
PERFORATIONS					
PERFORATIONS					

JOB DATA

CALLER OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <u>9-14</u>	DATE <u>9-14</u>	DATE <u>9-14</u>	DATE <u>9-14</u>
TIME <u>1300</u>	TIME <u>1615</u>	TIME <u>1930</u>	TIME <u>2200</u>

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
<u>WELL HEAD 8 3/8</u>	<u>1</u>	<u>WACO</u>
<u>SPR. PAT</u>	<u>1</u>	
<u>5-4</u>	<u>3</u>	
	<u>1</u>	
	<u>1</u>	

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<u>M. Stanger</u>	<u>C1372</u>	<u>LICERAL</u>
<u>B. K. Kuntz</u>	<u>04601</u>	<u>"</u>
<u>M. B. W.</u>	<u>F1524</u>	<u>Wichita</u>
<u>D. W. S.</u>	<u>F1524</u>	<u>"</u>

MATERIALS

DENSITY _____ LB/GAL ^{API}

DENSITY _____ LB/GAL ^{API}

SIZE _____ LB.

SIZE _____ LB.

GAL. _____ %

GAL. _____ %

GAL. _____ %

GAL. _____ IN

GAL. _____ IN

TYPE _____ GAL.-LB. _____ IN

TYPE _____ GAL.-LB. _____ IN

TYPE _____ GAL.-LB. _____ IN

TYPE _____ GAL.-LB. _____ IN

TYPE _____ GAL.-LB. _____ IN

TYPE _____ QTY. _____

DEPARTMENT 5001

DESCRIPTION OF JOB 8 3/8 SURFACE

JOB DONE THRU: TUBING CASING ANNULUS TBG./ANN.

CUSTOMER REPRESENTATIVE X. D. ... M. Powell

HALLIBURTON OPERATOR ...

COPIES REQUESTED _____

CEMENT DATA

NUMBER OF BAGS	CEMENT	BRAND	BULK BAGGED	ADDITIONS	YIELD CU.FT./BK.	MIXED LBS./GAL.
<u>200</u>	<u>Flow King 100</u>	<u>B</u>	<u>29% 100 - 1/2 FLASH</u>		<u>2.1</u>	<u>12.3</u>
<u>100</u>	<u>Flow King</u>	<u>R</u>	<u>29% 100 - 1/2 FLASH</u>		<u>1.32</u>	<u>14.0</u>

PRESSURES IN PSI

DISPLACEMENT _____

MAXIMUM _____

FRACTURE GRADIENT _____

5-MIN _____ 15-MIN _____

HYDRAULIC HORSEPOWER _____

AVAILABLE _____ USED _____

AVERAGE RATES IN BPM _____

DISPL. _____ OVERALL _____

CEMENT LEFT IN PIPE _____

REASON Shear Test

SUMMARY

PREFLUSH: BBL.-GAL. 10 TYPE KB

LOAD & BRDN: BBL.-GAL. _____ PAD: BBL.-GAL. _____

TREATMENT: BBL.-GAL. _____ DISPL. BBL.-GAL. 73

CEMENT SLURRY: BBL.-GAL. 244

TOTAL VOLUME: BBL.-GAL. _____

REMARKS

* CUC PAS TO RECEIVED

STATE CORPORATION COMMISSION

OCT 18 1993

CUSTOMER

CONSERVATION DIVISION
Wichita, Kansas

CUSTOMER: First City Bank
LEADER: James Reed
WELL NO.: 5-11
JOB TYPE: 8 3/8
DATE: 9-14-93



HALLIBURTON ENERGY SERVICES

ORIGINAL

FORM 2013 R-3

DATE

9-14-93

PAGE NO.

1

EXPL. POND	WELL NO.	LEASE	JOB TYPE	TICKET NO.
F-11	Adams Road	5th SURFACE	50790d	

TIME	VOLUME (GAL)	PUMPS	PRESSURE (PSI)	DESCRIPTION OF OPERATION AND MATERIALS
1300				Called Requested 1645
1415				On location TD & Circulating
1426				TD
1446				PU up 701 - Start Circ
1405				Run 2 3/4 cu
1930				Key in - Hook up to 1645 Pump
1940				Start Circulating - Start 1645
2005				Stop 1645 Pump Down Hook up to 1645
2009	3	10	✓	150 Pump 10200 H2O Space
2010	6	209	✓	200 Pump 1100 Sundry 12.5# - Good Return
2012	6	35	✓	200 Pump 1100 Sundry 14.8# - " "
2019				Sundry 1100 Shut Down - Drop Top Plug
2050	6		✓	950 Displace w/ H2O - Good Return
2105	6.2	83	✓	500/40 Slow Rate
				Pump Down - Reagent Pads - From 1645
				Returned From Location
				* PUC. Call To Location

RECEIVED STATE CORPORATION COMMISSION

OCT 18 1993

CUSTOMER

CONSERVATION DIVISION
Wichita, Kansas

50593277987

10-10 22:55



CHARGE TO: *Cost for repair & maintenance*

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PAGE 1 OF 1

FORM 1908 R-12

1. SERVICE LOCATIONS	WELL/PROJECT NO.	LEASE	COUNTY/PARISH	STATE	CITY/OFFSHORE LOCATION	DATE	OWNER
2. <i>25555</i>	<i>F-11</i>	<i>James River</i>	<i>St. Charles</i>	<i>LA</i>	<i>LOCATION</i>	<i>7.11.73</i>	<i>ESOS</i>
3.	TICKET TYPE <input type="checkbox"/> SALES	NITROGEN SERVICE JOB? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CONTRACTOR <i>MILLEN CO</i>	RIG NAME/NO.	SHIPPED VIA <i>TRUCK</i>	DELIVERED TO <i>LOCATION</i>	ORDER NO.
4.	WELL TYPE	WELL CATEGORY	JOB PURPOSE	WELL PERMIT NO.	WELL LOCATION		

REFERRAL LOCATION: _____

INVOICE INSTRUCTIONS: *INT 8 3/4 66*

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF			U/M	U/M	PRICE		
222-117		1				MILEAGE	42	1	2	75	115.50
221-016						Pumpjack Service	1	HR	15.2		15.20
253-018						5-62 Top Pipe	1	EA	28		132.00
16A	830. 2171					GUIDE SHOE	1	EA	28.1		161.00
40	807. 93059					2-62-1000	3	EA		72.00	216.00
24A	815. 12522					WISSET	1	EA			171.00
27	815. 17415					Fullup	1	EA			55.00
350	820. 12502					2-62-A	1	EA			14.00

ORIGINAL

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.		SUB SURFACE SAFETY VALVE WAS: <input type="checkbox"/> PULLED & RETURN <input type="checkbox"/> PULLED <input type="checkbox"/> RUN		SURVEY AGREE <input type="checkbox"/> UN-DECIDED <input type="checkbox"/> DIS-AGREE <input type="checkbox"/>		PAGE TOTAL 2053.00
CUSTOMER OR CUSTOMER'S AGENT SIGNATURE <i>W. Powell</i>		TYPE LOCK DEPTH BEAN SIZE SPACERS TYPE OF EQUALIZING SUB. CASING PRESSURE		OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? WE UNDERSTOOD AND MET YOUR NEEDS? OUR SERVICE WAS PERFORMED WITHOUT DELAY? WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DATE SIGNED <i>7-11-73</i>	TIME SIGNED <i>1720</i>	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	TUBING SIZE TUBING PRESSURE WELL DEPTH	<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND		SUB-TOTAL 4851.25



JOB SUMMARY

HALLIBURTON DIVISION 181-2 East
 HALLIBURTON LOCATION Liberal KS

BILLED ON TICKET NO. 58920

WELL DATA

ORIGINAL

FIELD Macle SEC 10 TWP 35 S RING 17 W COUNTY Macle STATE KS

FORMATION NAME _____ TYPE _____
 FORMATION THICKNESS _____ FROM _____ TO _____
 INITIAL PROD. OIL _____ BPD. WATER _____ BPD. GAS _____ MCFD
 PRESENT PROD. OIL _____ BPD. WATER _____ BPD. GAS _____ MCFD
 COMPLETION DATE _____ MUD TYPE _____ MUD WT. _____
 PACKER TYPE _____ SET AT _____
 BOTTOM HOLE TEMP. _____ PRESSURE _____
 MISC. DATA _____ TOTAL DEPTH _____

	NEW USED	WEIGHT	SIZE	FROM	TO	DATE
CASING	U	24	7 7/8	CL	1600	
LINER	U	16.6	4 1/2	KL	1450	
TUBING						
OPEN HOLE						
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

JOB DATA

CALLER OUT DATE 9-21-93 ON LOCATION DATE 9-21-93 JOB STARTED DATE 9-21-93 JOB COMPLETED DATE 9-21-93
 TIME 11:30 TIME 2:30 TIME 06:00 TIME 09:00

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR		
FLOAT SHOE		
GUIDE SHOE		
CENTRALIZERS		
BOTTOM PLUG		
TOP PLUG		
HEAD		
PACKER		
OTHER		

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<u>T. Bohannon</u>	<u>87748</u>	<u>40076 U Liberal</u>
<u>L. Williams</u>	<u>C 9591</u>	<u>75307 Liberal</u>
<u>W. Howe</u>	<u>E 7343</u>	<u>3626 13 Hucpton</u>

MATERIALS

TREAT. FLUID _____ DENSITY _____ (LB/GAL - API)
 DISPL. FLUID _____ DENSITY _____ (LB/GAL - API)
 PROP. TYPE _____ SIZE _____ LB
 PROP. TYPE _____ SIZE _____ LB
 ACID TYPE _____ GAL _____ %
 ACID TYPE _____ GAL _____ %
 ACID TYPE _____ HAI _____ %
 SURFACTANT TYPE _____ GAL _____ IN
 NE AGENT TYPE _____ GAL _____ IN
 FLUID LOSS ADD. TYPE _____ GAL.-LB. _____ IN
 GELLING AGENT TYPE _____ GAL.-LB. _____ IN
 FRIC. RED. AGENT TYPE _____ GAL.-LB. _____ IN
 BREAKER TYPE _____ GAL.-LB. _____ IN
 BLOCKING AGENT TYPE _____ GAL.-LB. _____
 PERFRAC BALLS TYPE _____ QTY. _____
 OTHER _____
 OTHER _____

DEPARTMENT CONCRETE
 DESCRIPTION OF JOB 015
 JOB DONE THRU: TUBING CASING ANNULUS
 CUSTOMER REPRESENTATIVE X O'Leary, M. Borell
 HALLIBURTON OPERATOR T. Bohannon COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF BAGS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD (GAL./BK.)	WATER
	<u>125</u>	<u>Class H</u>	<u>WSP</u>	<u>B</u>	<u>C. Total Gel</u>	<u>1.59</u>	<u>13.1</u>

PRESSURES IN PSI

CIRCULATING _____ DISPLACEMENT _____
 BREAKDOWN _____ MAXIMUM _____
 AVERAGE _____ FRACTURE GRADIENT _____
 SHUT-IN: INSTANT _____ 5-MIN. _____ 15-MIN. _____
 HYDRAULIC HORSEPOWER _____
 ORDERED _____ AVAILABLE _____ USED _____
 AVERAGE RATES IN BPM _____
 TREATING _____ DISPL. _____ OVERALL _____
 CEMENT LEFT IN PIPE _____
 FEET _____ REASON _____

SUMMARY

PREFLUSH: BBL - GAL _____ TYPE _____
 LOAN & RETURN: BBL - GAL _____
 TREATMENT: BBL - GAL _____
 CEMENT SLURRY: BBL - GAL 479
 TOTAL VOLUME: BBL - GAL _____

REMARKS

STATE CORPORATION COMMISSION
 RECEIVED
 OCT 18 1993

003 P02

HALLIBURTON ENERGY SERVICES

TREAT CONTINUATION

COPY

548933

FORM 1011 R-6

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	WELL				DATE	PAGE	OF
		LOG	ACCT	DF			CITY.	UMS	CITY.	UMS			
504-043	516.00272					Premium Cement	75	sk			9-21-93		
506-105	516.00286					Pozmix "A" (50)	3700	lb					
506-121	516.00259					Halliburton Gel	2	sk					NC
507-277	516.00259					Halliburton Gel added 4%	4	sk					62 00
500-207						SERVICE CHARGE							179 55
500-306						RELEASE CHARGE							346 41
						TOTAL WEIGHT							
						11,395#							
						LOADED MILES							
						64							
						TON MILES							
						364.640							
						CUBIC FEET							
						133							
						UNIT PRICE							
						8.95							
						067							
						15.50							

ORIGINAL

CONTINUATION TOTAL	1507.11
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505327987

1998-10-10 23:06