

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

ORIGINAL

API NO. 15- 185-22,433 - 00- 01

County Stafford

C-NE-SW Sec. 28 Twp. 23 Rge. 13 X E
W

Operator: License # 6141

Name: CORONADO Oil & GAS, INC.

Address P.O. Box 1285

Great Bend, KS

City/State/Zip _____

Purchaser: _____

Operator Contact Person: LeeRoy A. Legleiter

Phone (316) 792-6702

Contractor: Name: ALLEN DRILLING COMPANY

License: 5418

Wellsite Geologist: None ^{KCC} JH

Designate Type of Completion
 New Well Re-Entry Workover

Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

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

Operator: Rine Exploration Co.

Well Name: O'Conner #2-28

Comp. Date 5/21/78 old Total Depth 4007'

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBTB
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

7/23/93 7/25/93 8/2/93
Spud Date Date Reached TD Completion Date

1980 Feet from S (circle one) Line of Section

1980 Feet from E (circle one) Line of Section

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

Lease Name O'CONNOR OWWO Well # 1-28

Field Name WC

Producing Formation KC

Elevation: Ground 1893' KB 1898'

Total Depth 4007' PBTB _____

Amount of Surface Pipe Set and Cemented at 402' old hole 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 cnt.

Drilling Fluid Management Plan REWORK JH 12-13-93
(Data must be collected from the Reserve Pit)

No Fluid Pit Closure 8-12-93

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 LeeRoy A. Legleiter

Title V.P. of Production Date 10-21-93

Subscribed and sworn to before me this 21st day of October, 1993.

Notary Public Gail A. Cooper

Date Commission Expires May 29, 1994



10-22-93

K.C.C. OFFICE USE ONLY

F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received

RECEIVED
STATE CORPORATION COMMISSION
OCT 22 1993
KCC NGPA
007 of 1093
(Specify)
CONSERVATION DIVISION
Wichita, Kansas

Distribution
 KCC SWD/Rep
 KGS Plug

Operator Name CORONADO OIL & GAS, INC. Lease Name O'CONNOR OWWO Well # 1-28

Sec. 28 Twp. 23 Rge. 13 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 Yes No
(Attach Additional Sheets.)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
(Submit Copy.) Gamma Ray Bond

List All E.Logs Run:

NA

Name	Formation (Top), Depth and Datum		Sample
	Top	Datum	
Heebner	3345-1445		
Brown Lime	3486-1506		
LKC	3511-1611		
BKC	3764-1864		
Viola	3872-1972		
Simpson	3906-2006		
Arbuckle	3964-2064		

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				402' old hole			
production	7-7/8"	4-1/2"	9.5	4000'	60/40poz	185'	18% salt 20 bbl salt flush

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
	3466-3489	3506-3512	KCC PH		
	3584-3591	3768-3781	3784-3790		
	3801-3806	3813-3826	3839-3859		
	3868-3872	3907-3914			

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 Bbls.	Gas Mcf	Water 48 Bbls.	Gas-Oil Ratio	Gravity
	N/A	N/A	Swab 2 B.P.H.		

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: None KCC PH

WELL DATA

FIELD _____ SEC 28 TWP. 23 S RNG 13 W COUNTY STAFFORD 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	MAXIMUM PSI ALLOWABLE
CASING		1 1/2	4 1/2	C	4000	
LINER						
TUBING						
OPEN HOLE			7 7/8	CB	3900	SHOTS/FT.
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

JOB DATA

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
INSERT FLOAT	1	H.C.S.
PHOTO FILL UP	1	"
GUIDE SHOE		
CENTRALIZERS	3	"
BOTTOM PLUG		
TOP PLUG	1	"
HEAD	1	"
PACKER		
OTHER		

CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE 7-24	DATE 7-24	DATE 7-25	DATE 7-25
TIME 19:00	TIME 22:00	TIME 00:00	TIME 06:45

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
M POLYARD 30848	38423	DRAK KS
T. McSUE 74221	4010	DRAK KS
M. C. McMINN 17909	BULK	DRAK KS

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 _____ GAL. _____ %

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. _____

PERFPAC BALLS TYPE _____ QTY. _____

OTHER _____

OTHER _____

DEPARTMENT CEMENT

DESCRIPTION OF JOB INT. 4 1/2" HOD. CSG

JOB DONE THRU: TUBING CASING ANNULUS TBG/ANN.

CUSTOMER REPRESENTATIVE X. [Signature]

HALLIBURTON OPERATOR M.R. Polyard COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
	150	50 PZ / 10 STD.			2% ECC 1.0% SALT	1.38	14.83
	370	45 PZ / 10 STD.			2% ECC 1.8% SALT 5#/5L CRESOLITE	1.40	14.08

PRESSURES IN PSI _____ **SUMMARY** _____ **VOLUMES** _____

CIRCULATING _____ DISPLACEMENT _____ PRESLUSH: BBL. 20 TYPE SALT

BREAKDOWN _____ MAXIMUM _____ LOAD & BKDN: BBL.-GAL. _____ PAD: BBL.-GAL. _____

AVERAGE _____ FRACTURE GRADIENT _____ TREATMENT: BBL.-GAL. _____ DISPL: BBL. 64.25

SHUT-IN: INSTANT _____ 5-MIN _____ 15-MIN _____ CEMENT SLURRY: BBL.-GAL. 30.00 + 12.47 = 42.47

HYDRAULIC HORSEPOWER _____ TOTAL VOLUME: BBL.-GAL. _____

ORDERED _____ AVAILABLE _____ USED _____ **RAMARKS**

AVERAGE RATES IN BPM _____

TREATING _____ DISPL. _____ OVERALL _____

CEMENT LEFT IN PIPE _____

FEET 8 REASON INSERT FLOAT

CUSTOMER

RECEIVED
STATE CORPORATION COMMISSION
OCT 22 1993
CONSERVATION DIVISION
Wichita, Kansas

CUSTOMER: CONSERVATION DIVISION OF THE STATE CORPORATION COMMISSION
LEASE: WICHITA COUNTY
WELL NO.:
Casing
JOB TYPE: Cement