



COMPLETED INTERVAL REPORT

This form is to be submitted or updated each time a new formation is completed or abandoned. This form shall be transmitted within 30 days of work. Additional information is found under Rule 308. Fill out a section for each formation completed or recompleted including all attempted completions. Attach as many pages as required to fully describe the work.

5/11/00

Complete the Attachment Checklist

	Oper	OGCC
Wellbore diagram		
Site Facility Diagram		

1. OGCC Operator Number: 10176
 2. Name of Operator: Brite Oil Co
 3. Address: 120 S Market St. Suite 300
 City: Wichita State: KS Zip: 67202
 4. Contact Name and Telephone
 No: _____ Fax: _____
 5. API Number: 061-06702 6. County: _____
 7. Well Name: Karfoot Well Number: 13-27
 8. Location (QtrQtr, Sec, Twp, Rng, Meridian): _____

List in order of completion:

FORMATION: McClure Producing Abandoned Shut-In Commingled

Perforations Gross Interval: Top 4791 Bottom 4797 No. Holes: _____ Size: _____ Open Hole Completion (check if yes)

Formation Treatment Describe: _____

Test Information Date: 3/7/95 Hours: 24 Bbls Oil: _____ MCF Gas: _____ Bbls H₂O: _____

Production Test Method: _____ Casing Pressure: _____ Flowing Tubing Pressure: _____ Choke Size: _____

API Gravity Oil: Oil Condensate BTU Gas: Wet CO₂ Helium Dry Coal Gas Other: _____ Gas Disposition: S&D

Calculated 24 Hr. Rate Bbls Oil: 0 MCF Gas: 119 Bbls H₂O: 0 GOR: _____

Production Method: Flowing

Tubing Size: _____ Setting Depth: _____ Packer Depth: _____

Reason for Non-Production: _____

Abandonment of Zone Date: _____ Squeezed: Y N Sacks Cement: _____

Bridge Plug Depth: _____ Sacks Cement on Top: _____



FORMATION: Producing Abandoned Shut-In Commingled

Perforations Gross Interval: Top _____ Bottom _____ No. Holes: _____ Size: _____ Open Hole Completion (check if yes)

Formation Treatment Describe: _____

Test Information Date: _____ Hours: _____ Bbls Oil: _____ MCF Gas: _____ Bbls H₂O: _____

Production Test Method: _____ Casing Pressure: _____ Flowing Tubing Pressure: _____ Choke Size: _____

API Gravity Oil: Oil Condensate BTU Gas: Wet CO₂ Helium Dry Coal Gas Other: _____ Gas Disposition: _____

Calculated 24 Hr. Rate Bbls Oil: _____ MCF Gas: _____ Bbls H₂O: _____ GOR: _____

Production Method: _____

Tubing Size: _____ Setting Depth: _____ Packer Depth: _____

Reason for Non-Production: _____

Abandonment of Zone Date: _____ Squeezed: Y N Sacks Cement: _____

Bridge Plug Depth: _____ Sacks Cement on Top: _____

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: _____

Signed: _____ Title: _____ Date: _____