

1841

COPY

SIDE ONE

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

API NO. 15- 087-20, 479
County Jefferson
APR 18 1991 02 E2 SW Sec. 9 Twp. 9S Rge. 20 East
West

Operator: License # 4925
Name: Bolinger Enterprises
Address P.O. Box 10
McLouth, KS 66054
City/State/Zip _____
Purchaser: Kelly MacLasky
Operator Contact Person: Jim Bolinger
Phone (913) 796-6593

1320 Ft. North from Southeast Corner of Section
3675 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)

Lease Name Zachariah Well # 12
Field Name McLouth North
Producing Formation McLouth Sands
Elevation: Ground 1063 KB _____
Total Depth 1504 PBDT 1497

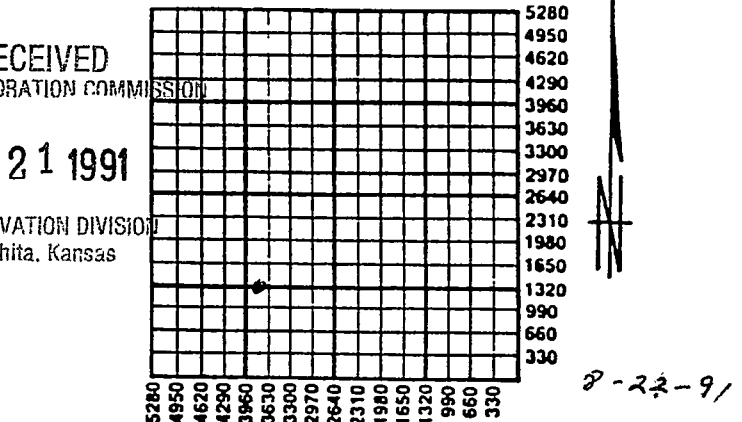
Contractor: Name: McGown Drilling
License: 5786

Wellsite Geologist: None

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

If OWMO: old well info as follows:
Operator: _____
Well Name: _____
Comp. Date _____ Old Total Depth _____

Drilling Method:
 Mud Rotary Air Rotary Cable
6-7-91 6-11-91 6-19-91
Spud Date Date Reached TD Completion Date



Amount of Surface Pipe Set and Cemented at 40 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from #0 1503
feet depth to Surface w/ 35 1/7 sx cmt.

INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date of any well. Rule 82-3-130, 82-3-107 and 82-3-106 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. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells. Any recompletion, workover or conversion of a well requires filing of ACO-2 within 120 days from commencement date of such work.

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 James R. Bolinger
Title Owner Date 8-15-91
Subscribed and sworn to before me this 16th day of August, 19 91.
Notary Public Rose M. Bolinger
Date Commission Expires 12-4-94

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

ROSE M. BOLINGER
Notary Public - State of Kansas
My Appt. Expires 12-4-94

SIDE TWO

Operator Name Bolinger Enterprises Lease Name Zachariah Well # 12
 Sec. 9 Twp. 9S Rge. 20 East West
 County Jefferson

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	Formation Description <input type="checkbox"/> Log <input checked="" type="checkbox"/> Sample Name Top Bottom Kansas City 764 McLouth Sands 1464 1484 Mississippi 1500
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

CASING RECORD New 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 Casing	12 1/4 6 1/2	8 5/8 4 1/2	23 10 1/2	40 1498	port port o/wc	35 167	- 2 gal Hy 21

Shots Per Foot	PERFORATION RECORD Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
4	1464 - 1474	3/8 SSB	146-1474

TUBING RECORD Size 2 3/8 Set At 14878 Packer At _____ Liner Run Yes No

Date of First Production 6-19-91 Producing Method Flowing Pumping Gas Lift Other (Explain)
 Estimated Production Per 24 Hours
 Oil 6 Bbls. Gas 10,000 Mcf Water _____ Bbls. Gas-Oil Ratio _____ Gravity 19

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.)
 METHOD OF COMPLETION: Open Hole Perforation Dually Completed Commingled
 Other (Specify) _____ Production Interval 1464-1474