

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

778
COPY

API NO. 15- 087-20482

County Jefferson

SE - SE - SW - SW Sec. 9 Twp. 9 Rge. 20 E W

Operator: License # 4925

165 Feet from N (circle one) Line of Section

Name: BOLINGER ENTERPRISES

4200 Feet from W (circle one) Line of Section

Address P.O. Box 10, McLouth, Ks

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

66054

City/State/Zip _____

Lease Name Zachariah Well # 14

Purchaser: Plains Transportation

Field Name McLouth North

Operator Contact Person: Jim Bolinger

Producing Formation McLouth sands

Phone (913) 796-6593

Elevation: Ground 1055 KB _____

Contractor: Name: McGown Drilling

Total Depth 1485 PBTB 1485

License: 5786

Amount of Surface Pipe Set and Cemented at 40 Feet

Wellsite Geologist: none

Multiple Stage Cementing Collar Used? _____ Yes No

Signature Type of Completion

If yes, show depth set _____ Feet

New Well _____ Re-Entry _____ Workover

If Alternate II completion, cement circulated from 40

Oil _____ SWD _____ SIOW _____ Temp. Abd.

feet depth to surface w/ 35 sx cat.

_____ Gas _____ ENHR _____ SIGW

_____ Dry _____ Other (Core, WSW, Expl., Cathodic, etc)

Drilling Fluid Management Plan 12-31-92
(Data must be collected from the Reserve Pit)

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

Chloride content fresh water ppm Fluid volume _____ bbls

Operator: _____

Dewatering method used air dry

Well Name: _____

Comp. Date _____ Old Total Depth _____

Location of fluid disposal if hauled offsite: _____

_____ Deepening _____ Re-perf. _____ Conv. to Inj/SWD

Operator Name _____

_____ Plug Back _____ PBTB

_____ Commingled _____ Docket No. _____

Lease Name _____ License No. _____

_____ Dual Completion _____ Docket No. _____

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

_____ Quarter Sec. _____ Twp. _____ S Rng. _____ E/W

28-92 _____ 9-2-92 _____ 9-14-92

County _____ Docket No. _____

Spud Date _____ Date Reached TD _____ Completion Date _____

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 Jim Bolinger
Title OWNER/OPERATOR Date 12-15-92

Subscribed and sworn to before me this 15th day of December, 19 92.

Notary Public Rose M. Bolinger

Date Commission Expires _____

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

RECEIVED
K.C.C. OFFICE USE ONLY
STATE CORPORATION COMMISSION
F Wireline Log Received
C Geologist Report Received
Distribution
 KCC
 KGS
_____ SWD/Rep
_____ Plug
NSPA
Other (Specify) _____
DEC 18 1992
DEC 18 1992

BOLINGER ENTERPRISES

SIDE TWO

Operator Name Jim Bolinger Lease Name ZACHARIAH Well # 14
 East County JEFFERSON
 Sec. 9 Twp. 9 Rge. 20 West

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: GAMMA RAY NEUTRON

<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datums	<input type="checkbox"/> Sample
Name	Top	Datum
Kansas City		748
McLouth Sands	1440	1470
Mississippi	1485	

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	12 1/4	7 5/8	23	40	Portland A	35	1 sack gel
casing	6 1/2	4 1/2	10.5	1485	O W L	45	1 sack calci
					Portland	12	6% gel Ay 21

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input checked="" 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
4	1462-1472	shot 3 1/8 1462-1472

TUBING RECORD	Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	2 3/8	1476					
Date of First, Resumed Production, SMD or Inj.	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)						
<u>9-15-92</u>							
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	2						19

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: _____