

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

API NO. 15- 165-21,620 *9w*
County Rush
NW - NW - NW - Sec. 10 Twp. 16S Rge. 17 X W

Operator: License # 3456
Name: AFG Energy, Inc.
Address P. O. Box 605

City/State/Zip Russell, KS 67665

4950 Feet from S/N (circle one) Line of Section
4950 Feet from E/W (circle one) Line of Section

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

Purchaser: _____
Operator Contact Person: Terry W. Piesker
Phone (913) -483-6213
Contractor: Name: Emphasis Oil Operations
License: 8241
Wellsite Geologist: Steve Parker

Lease Name Urban Well # 4
Field Name _____

Producing Formation _____
Elevation: Ground 1986' KB 1991'

Total Depth 3650' PBTD _____
Amount of Surface Pipe Set and Cemented at 1129 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.

Designate Type of Completion
 New Well _____ Re-Entry _____ Workover _____
_____ Oil _____ SWD _____ SIOV _____ Temp. Abd.
_____ Gas _____ ENHR _____ SIGW _____
 Dry _____ Other (Core, WSW, Expl., Cathodic, etc)

Drilling Fluid Management Plan 12-16-92 DR
(Data must be collected from the Reserve Pit)

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 _____ PBTD
_____ Commingled _____ Docket No. _____
_____ Dual Completion _____ Docket No. _____
_____ Other (SWD or Inj?) _____ Docket No. _____
10/13/92 10/21/92
Spud Date Date Reached TD Completion Date

Chloride content 58,000 ppm Fluid volume 1000 bbls

Dewatering method used Evaporation

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 Terry W. Piesker
Title General Manager Date 11-13-92

Subscribed and sworn to before me this 13th day of November 1992.
Notary Public Pamela K. Steckel
Date Commission Expires 11-19-92

PAMELA K. STECKEL
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 11-19-92

K.C.C. OFFICE USE ONLY RECEIVED
F Letter of Confidentiality Attached
C W Wireline Log Received
C W Geologist Report Received
NOV 23 1992
Distribution
 KCC SWD/Rep NGPA
 KGS Plug Other (Specify) IS

Operator Name AFG Energy, Inc. Lease Name Urban Well # 4
 Sec. 10 Twp. 16S Rge. 17 East County Rush
 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 (), hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface during test. Attach extra 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:

Guard, Micro Guard,
 Neutron/Density

Name	Top	Datum	<input type="checkbox"/> Log	Formation (Top), Depth and Datums	<input checked="" type="checkbox"/> Sample
			Anhydrite	1123	+873
Topeka	2953	(-957)			
Heebner	3243	(-1247)			
Toronto	3262	(-1266)			
LKC	3291	(-1295)			
Base LKC	3510	(-1514)			
Arbuckle	3581	(-1585)			

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	12 1/4"	8 5/8"	24	1129	60/40 Poz	400	2% Gel 3% CC

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 Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (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 Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	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 _____

