

FORM MUST BE TYPED

COPY

SIDE ONE

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

Operator: License # 4026

Name: Ash-Bie Oil Co.

Address P.O. Box 194

City/State/Zip Ellis, KS. 67637

Purchaser: na

Operator Contact Person: Darwin L. Ashbaugh

Phone (316) 726-3663

Contractor: Name: L. D. Drilling, Inc.

License: 6039

Wellsite Geologist: Todd Morgenstern

Designate Type of Completion

New Well Re-Entry Workover

Oil SWD SLOW Temp. Abd.

Gas ENHR SIGW

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

If Workovers:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Deepening Re-perf. Conv. to Inj/SWD

Plug Back _____ PBD

Casing/led _____ Docket No. _____

Dual Completion _____ Docket No. _____

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

10-9-96 10-17-96

_____ Date Reached TD _____ Completion Date

API NO. 15- 135-239510000

County Ness

SW - SE - NW Sec. 33 Twp. 16 Rge. 25 X ^E _W

2310 Feet from S/N (circle one) Line of Section

1650 Feet from E/W (circle one) Line of Section

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

Lease Name Tillotson Well # 1

Field Name Arnhold Southwest

Producing Formation na

Elevation: Ground 2565 KB 2570

Total Depth 4531' PBDT _____

Amount of Surface Pipe Set and Cemented at 280 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate 1) completion, cement circulated from _____

feet depth to _____ w/ _____ SK CMT.

Drilling Fluid Management Plan PTA, 2-24-98 v.c.
(Data must be collected from the Reserve Pit)

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, 130 S. Market - Room 2078, 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 confidentially 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 Darwin L. Ashbaugh

Title PTA Date 11-4-96

Subscribed and sworn to before me this 4th day of November, 19 96.

Notary Public Diana Kroeger

Notary Commission Expires Aug. 2, 1997

K.C.C. OFFICE USE ONLY					
F	<input type="checkbox"/>	Letter of Confidentiality Attached			
C	<input type="checkbox"/>	Wireline Log Received			
C	<input type="checkbox"/>	Geologist Report Received			
Distribution					
<input checked="" type="checkbox"/>	KCC	<input type="checkbox"/>	SWD/Rep	<input type="checkbox"/>	WGPA
<input type="checkbox"/>	KGS	<input type="checkbox"/>	Plug	<input checked="" type="checkbox"/>	Other (Specify)

IS

Form ACD-1 (7-91)

NOTARY PUBLIC - State of Kansas
DIANA KROEGER
My Appt. Exp. 8-2-97

SIDE TWO

Operator Name Ash-Bie Oil Co Lease Name Tillotson Well # 1
County Ness
33 Twp. 16 S. Sec. 25 East 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, static 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.

All Stem Tests Taken (Attach Additional Sheets.) Yes No
 Samples Sent to Geological Survey Yes No
 Core Samples Taken Yes No
 Electric Log Run (Submit Copy.) Yes No
 List All E.Logs Run: Yes No

Name	Formation (Top), Depth and Datum	
	Top	Datum
ANHYDRITE	1911'	+660
HEEBNER	3848'	-1277
TORONTO	3864'	-1293
LANSING	3885'	-1314
BASE KANSAS CITY	4199'	-1628
PAWNEE	4334'	-1763
FORT SCOTT	4405'	-1834
CHEROKEE	4432'	-1861
MISSISSIPPI	4491'	-1920
WARSAW	4509'	-1938

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#	280'	60/40 Poz	180	2% Ge1, 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				

PERFORATION RECORD - Bridge Plugs Set/Type
Specify Footage of Each Interval Perforated

Shots Per Foot	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth

TUBING RECORD

Size _____ Set At _____ Packer At _____ Liner Run Yes No

Date of First, Required 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 ACD-18.)

METHOD OF COMPLETION
 Open Hole Perf. Dually Comp. Cemented
 Other (Specify) _____