

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

Operator: License # 31148

Name: DESIGN TECH OF KANSAS

Address 15803 WINDHAM DRIVE

City/State/Zip LITTLE ROCK AR. 72206

Purchaser: EOTT Energy Operating LTD

Operator Contact Person: LAVERN STEINLE

Phone (913) 483-3905

Contractor: Name: KEPHART DRILLING INC.

License: 05379

Wellsite Geologist: None

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 Workover:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBTB
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

8-5-94 8-8-94 9-8-94

Spud Date _____ Date Reached TD _____ Completion Date _____

API NO. 15- 133-25518

County NEOSHO

NE - NW - NE - SW Sec. 36 Twp. 28 Rge. 18 E W

2805 Feet from (NW) (circle one) Line of Section

3570 Feet from (EW) (circle one) Line of Section

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

Lease Name HEILMAN Well # DT-1

Field Name URBANA

Producing Formation BARTLESVILLE SAND

Elevation: Ground _____ KB X

Total Depth 1282' PBTB 787'

Amount of Surface Pipe Set and Cemented at 20 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 801'

feet depth to TOP w/ 128' sx cmt.

Drilling Fluid Management Plan ALT 2 JF 4-22-96
(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 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 [Signature]

Title Geol Date 12-22-95

Subscribed and sworn to before me this 22 day of Dec, 1995.

Notary Public [Signature]

Notary Commission Expires 7-98

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

Form ACD-1 (7-91)

JAN 0 3 1996

WICHITA, KANSAS

COPY

106

391.222-06

SIDE TWO

Operator Name DESIGN TECH OF KANSAS

Lease Name HEILMAN

Well # DT-1

Sec. 36 Twp. 28 Rge. 18
 East
 West

County NEOSHO

ORIGINAL

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

Log Formation (Top), Depth and Datum Sample
Name Top Datum
BARTLESVILLE 620' 710'

900

CASING RECORD <input checked="" 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
	6 1/4"	2 7/8"	9 1/2 LB	787 801'	TYPE A	110 ¹²⁸	2% GEL

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	Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)	Depth
	2 1/8" ALUMINUM	SPOT 125 GAL ACID	
2	25 SHOTS. @ 711'-723	160 BBL CHEMICAL	
		W. TIDE SOAP	

TUBING RECORD	Size	Set At	Packer At	Liner Run
700+	1"			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj.	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input checked="" type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
9-8-94				
Estimated Production Per 24 Hours	Oil X	Bbls. 2	Gas Mcf	Water NONE
				Bbls. Gas-Oil Ratio Gravity 29

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: 711'-723'

STATE COMMISSION
JAN 11 1996