

COPY

SIDE ONE

FORM MUST BE TYPED

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

Operator: License # 5885

Name: R.S. GLAZE DRILLING

Address 22139 S.VICTORY ROAD

SPRING HILL, KS 66083

City/State/Zip _____

Purchaser: none

Operator Contact Person: ALVA G. GLAZE

Phone (913) 592-2 33

Operator Name: A.G. GLAZE DRILLING CO.

License: 5885

Wellsite Geologist: NONE

Designate Type of Completion
 New Well Re-Entry Workover

Oil SWD SOW Temp. Abd.
 Gas ENRR SIGW
 Dry Other (Coke, WNU, Expl., Cathodic, etc)

If Workover/Reentry: Old Well Info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

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

9-3-96 9-6-96 9-7-96
Spud Date Date Reached TD Completion Date

API NO. 15- 091-22-7160000

County JOHNSON

Sec. 33 Twp. 13 Rge. 22 E W

4900 Feet from N/E (circle one) Line of Section

700 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 KINCAID Well # 1

Field Name NONE

Producing Formation none

Elevation: Ground N/A KB n/a

Total Depth 700 PSTD n/a

Amount of Surface Pipe Set and Cemented at 20 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set n/a Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sk cont.

Drilling Fluid Management Plan D&A 3-2-98 JK
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ bbls

Downstring method used _____

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____

Quarter _____ Sec. _____ Twp. 13 Rge. 22 E/W

County _____ Docket No. _____

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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 _____ Date 1/28/98

Title owner

Subscribed and sworn to before me this 28 day of JANUARY 19 98

Notary Public Shari L. Schulte

Commission Expires 4-21-2001

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

SHARI L. SCHULTE
NOTARY PUBLIC
STATE OF KANSAS
MY Appl. Exp. _____

Y902

SIDE TWO

Operator Name P. S. GLAZE DRILLING CO. Lease Name KINCAID Well # 1
 Sec. 33 Twp. 13 Rge. 22 East West
 County JOHNSON

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:

Log Formation (Top), Depth and Datum Sample
 Name Top Datum
 WELL LOG ATTACHED

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 Additive
SURFACE	8"	7"		20	Portland	6	water

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additive
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone		DRY HOLE		

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
	DRY HOLE		

TUBING RECORD		Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, BMD or Inj.		Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> 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 _____

Glaze Drilling Co.

ORIGINAL

WELL LOG

WELL OWNER A G Glaze Drilling
 LEASE NAME Kingsid #1
 WELL # 1

API # _____
 DATE _____
 DRILLER _____

Thickness of Strata	Formation	Total Depth	Comment	# of Joints In	Time	# of Joints Out
21	Surface	21				
2	Lime	23				
6	Shale	29				
	Lime	32				
8	Shale	40				
2	Lime	42				
	Shale	43				
	Lime	44				
3	Shale	47				
1	Lime	48				
3	Shale	51				
2	Lime	53				
6	Shale	59				
16	Lime	75				
4	Shale	79				
26	Lime	105				
18	Shale	123				
23	Lime	145				
14	Shale	159				
3	Lime	162				
2	Shale	164				
	Lime	170				
7	Shale	177				
2	Lime	179				
1	Shale	180				
13	Lime	193				
2	Shale	195				
4	Lime	199				
6	Shale	205				
4	Lime	209				
6	Shale	215				
7	Lime	222				
8	Shale	230				

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CONSERVATION DIVISION
 WICHITA, KS

Glaze Drilling Co.

ORIGINAL

WELL LOG

WELL OWNER A.C. Glaze Drilling
 LEASE NAME Kindred #1
 WELL # 1

API # _____
 DATE _____
 DRILLER _____

Thickness of Strata	Formation	Total Depth	Comment	# of Joints In	Time	# of Joints Out
18	Shale	256				
12	Lime	268				
2	Shale	270				
3	Lime	273				
15	Shale	298				
18	Lime	316				
18	Shale	334				
4	Lime	338				
5	Shale	343				
6	Lime	349				
1	Shale	350				
4	Lime	354				
4	Shale	359				
6	Lime	365				
5	Shale	370				
2	Lime	372				
3	Shale	375				
2	Lime	377				
1	Shale	382				
20	Lime	402				
2	Shale	404				
2	Lime	410				
2	Shale	412				
7	Lime	419				
7	Shale	426				
4	Lime	429				
4	Shale	431				
3	Lime	434				
41	Shale	475				
1	Lime	476				
17	Sandy Shale	493				
6	Lime	499				
10	Shale	505				

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CONSERVATION DIVISION
 WICHITA, KS

Glaze Drilling Co.

ORIGINAL

WELL LOG

WELL OWNER A.C. Glaze Drilling
 LEASE NAME Kincaid #1
 WELL # 1

API # _____
 DATE _____
 DRILLER _____

Thickness of Strata	Formation	Total Depth	Comment	# of Joints In	Time	# of Joints Out
25	Shale	532				
5	Lime	537				
18	Shale	556				
14	Lime	570				
6	Shale	576				
6	Lime	582				
4	Shale	586				
	Lime	587				
11	Shale	598				
3	Lime	601				
16	Shale	617				
7	Lime	624				
23	Shale	644				
7	Lime	651				
6	Shale	657				
2	Lime	659				
20	Shale	679				
8	Lime	687				
13	Shale	700	T.D.			

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 WICHITA, KS