

COPY

FORM MUST BE TYPED

SIDE ONE

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: A.G. GLAZE DRILLING

Address 22139 s. victory rd.

SPRING HILL, KS. 66083

City/State/Zip _____

Purchaser: NONE

Operator Contact Person: ALVA GLAZE

Phone (913) 592 2033

Contractor: Name: glaze drilling

License: 5885

Wellsite Geologist: none

Well Type of Completion
 New Well Re-Entry Workover

Oil SMD SIGW Temp. Abd.
 Gas ENMR SIGW
 Dry Other (Core, W/M, 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/SMD
 Plug Back PSTD
 Cemented Bucket No. _____
 Dual Completion Bucket No. _____
 Other (SMD or Inj?) Bucket No. _____

9 4 96 9 6 96 9 6 96
Sp. Date Date Reached TD Completion Date

API NO. 15-091-227170000

County johnson

APP 52.NE-NE Sec. 33 Twp. 13 Rge. 22

4300 FSL Feet from SW (circle one) Line of Section

500 FEL Feet from SW (circle one) Line of Section

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

Lease Name kincaid Well # 2

Field Name kincaid

Producing Formation KNOBTOWN

Elevations: Ground _____ KB _____

Total Depth 400 PSTD _____

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 400

feet depth to surface w/ 94 ex. cnt.

Drilling Fluid Management Plan ALT 2 7-26-98 JK
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ bbls

Desulfuring method used _____

Location of fluid disposal if hauled offsite: **RECEIVED**
KANSAS CORPORATION COMMISSION

Operator Name _____

Lease Name _____ License No. IAN 27 1998

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

County _____ Bucket No. WICHITA, KS

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 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 _____

Title _____ Date 1/28/98

Subscribed and sworn to before me this _____ day of January 1998.

Public Sharif L. Schulte

Date Commission Expires 4-27-2001

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

SHARIF L. SCHULTE
NOTARY PUBLIC
STATE OF KANSAS
My Appl. _____

Y903

SIDE TWO

Operator Name A. C. CLAZE DRILLING Lease Name KINCAID Well # 2
 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
 1" OPEN HOLE TREMMIE PIPE CEMENT
 JOB, DONE WITH CO. TOOLS

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
SURFACE	8 "	7"		20	portland	6	water
production	6 1/4	2"		400	portland	94	water

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	ten perforations between 370 and 380			

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
	ten perforations between 370 and 380		

TUBING RECORD		Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, BHD 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
		16,000			

Disposition of Gas: Vented Sold Used on Lease (if vented, submit ACD-18.) METHOD OF COMPLETION Open Hole Perf. Dumily Comp. Commingled Production Interval
 Other (Specify) _____