



Kansas Corporation Commission

Bill Graves, Governor Susan M. Seltsam, Chair F.S. Jack Alexander, Commissioner Timothy E. McKee, Commissioner
Judith McConnell, Executive Director

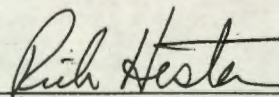
September 21, 1995

Winzeler Oil Co.
5100 N. Brookline, Ste. 885
Oklahoma City, OK. 73112

RE: License No.: 30242
Lease Name: Schick
Well Nos.: I-1, I-2, I-3, I-6, I-7, & I-8
Field: Longanecker
SE/4, 24-14S-21E
Docket No.: E-26,669
P & A Date: 07-18-95
Johnson, County

A C K N O W L E D G E M E N T

This is to notify you that authority to inject through the above-referenced well has been cancelled as of this date.


Rick Hestermann
UIC Director

cc: District Office #3
K.G.S.
P.I.
UIC
File

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

1751 - COPY

API NO. 15- 091-22495

County ^{KCC record} Johnson

NE-SW-SW - SE Sec. 24 Twp. 14 Rge. 21 X E W

395' Feet from (8) N (circle one) Line of Section

2245' Feet from (12) W (circle one) Line of Section

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

Lease Name Schick Well # I-1

Field Name Longanecker

Producing Formation Bartlesville Sand

Elevation: Ground N/A KB N/A

Total Depth 990 PBTD 984'

Amount of Surface Pipe Set and Cemented at 41' Feet

Multiple Stage Cementing Collar Used? Yes X No

If yes, show depth set N/A Feet

If Alternate II completion, cement circulated from 984'

feet depth to Surface w/ 125 sx cnt.

Drilling Fluid Management Plan 12-9-92 DP
(Data must be collected from the Reserve Pit)

Chloride content N/A 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. _____

Operator: License # 30242

Name: Winzeler Oil Company

Address 5100 N. Brookline, 810

Oklahoma City, Oklahoma

City/State/Zip 73112

Purchaser: Crude Marketing Inc.

Operator Contact Person: Douglas K. Winzeler

Phone (405) 948-7061

Contractor: Name: Central Plains Drilling

License: 3550

Wellsite Geologist: Douglas K. Winzeler

Designate Type of Completion

X New Well _____ Re-Entry _____ Workover

_____ Oil _____ SWD _____ SIOW _____ Temp. Abd.

_____ Gas X ENNR _____ SIGW

_____ Dry _____ Other (Core, USW, Expl., Cathodic, etc)

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. _____

7-12-92 7-14-92 9-16-92

Spud Date Date Reached TD Completion Date

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 _____

Title President Date 10-8-92

Subscribed and sworn to before me this 8th day of Oct, 19 92.

Notary Public _____

Date Commission Expires _____

K.C.C. OFFICE USE ONLY
F _____ Letter of Confidentiality Attached
C _____ Wireline Log Received
C _____ Geologist Report Received
Distribution
_____ KCC _____ SWD/Rep _____ HSPA
_____ KGS _____ Plug _____ Other (Specify) _____
NOV 12 1992

Operator Name Winzeler Oil Company

Lease Name Schick

Well # I-1

Sec. 24 Twp. 14 Rge. 21

East

County Johnson

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, 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: Gamma Ray - Neutron

Log Formation (Top), Depth and Datum Sample

| Name | Top | Datum |
|--------------|------|-------|
| Hertha | 467' | 475' |
| Bartlesville | 940' | 950' |

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 | | 7" | | 41' | Portland | 10 | |
| Production | | 2 7/8" | | 984' | Portland | 125 | 3% Salt 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 | | N/A | | |
| <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 |
|----------------|--|--|-----------|
| 2 | 940'-950' | 150 Gals 15% HCL | 940'-950' |

| TUBING RECORD | Size | Set At | Packer At | Liner Run |
|---------------|------|--------|-----------|---|
| | 1" | 900' | 900' | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

| Date of First, Resumed Production, SVD or Inj. | Producing Method |
|--|---|
| | <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Injection 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. Cemented

Production Int 940'-950'