

Sub

29-143-22E

COPY

FORM MUST BE TYPED

SIDE ONE

637

091-226230000

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

KCC record

Operator: License # 7622

Name: Richard L. Roberts

Address P.O. Box 421

City/State/Zip Olathe, KS 66051

Purchaser: EOTT

Operator Contact Person: Richard L. Roberts

Phone (913) 782-0623

Contractor: Name: Central Plains Drilling

License: 03550

Wellsite Geologist: None

Designate Type of Completion

New Well Re-Entry Workover

Oil SWD SIOW Temp. Abd.

Gas EMHR SIGW

Dry Other (Core, WSW, 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 PBTB

Casing/led Docket No. _____

Dual Completion Docket No. _____

Other (SWD or Inj?) Docket No. _____

5/24/95 5/30/95 6/15/95

Spud Date Date Reached TD Completion Date

API NO. 15- 091-226230000

County Johnson

SE - NW - NW Sec. 29 Twp. 14 Rng. 22

44204300 ^{FSL} Feet from S (circle one) Line of Section

43204244 Feet from E (circle one) Line of Section

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

Lease Name Bacon ^(2010 Red Dragon Oil) 44
2016 DRAGON SLOVER

Field Name Longanecker SE

Producing Formation _____

Elevation: Ground _____ KB _____

Total Depth _____ PBTB _____

Amount of Surface Pipe Set and Cemented at 22.6 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from TD

feet depth to 22.6 ^{SURFACE} w/ 6 110 sx cat.

Drilling Fluid Management Plan ALT II 1-3-97 JK
(Data must be collected from the Reserve Pit)

less than

Chloride content 1000 ppm Fluid volume 60 bbls

Deswering 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, 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 Richard L. Roberts

Title Operator Date 6/23/95

Subscribed and sworn to before me this 23rd day of June, 1995.

Notary Public Cindy Lynn Walters

Date Commission Expires _____

CINDY LYNN WALTERS
NOTARY PUBLIC
STATE OF KANSAS
My App't Expires 7-13-98

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

JUN 27 1995

S.S. - 291 - PS

SIDE TWD

Operator Name Richard L. Roberts Lease Name Bacon Well # 44
 Sec. 29 Twp. 14 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 (Attach Additional Sheets.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hertha	389	396
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Bartlesville	844	850
List All E.Logs Run:		TD	923	
Gamma Ray				
Neutron				

CASING RECORD <input type="checkbox"/> New <input checked="" 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 Additiv-
Surface	8"	6 5/8"	18	22.6	Portland	6	
	5 1/4" to 400'	2 7/8"	6.5	896	Portland		4sk. Prem
	5 1/8" to TD				Poz Mix	110	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 Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	
		Depth	
9 shots	844 to 850	150 Gal 15% HCl	844-850
		1/2 Gal 140 acid inhibitor	
		1 Gal 781 surfactant	
		1/2 Gal 588 non-emulsifier	

TUBING RECORD		Size	Set At	Packer At	Liner Run	<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 type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)					
N/A						
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Water	Bbls. Gas-Oil Ratio Gravity
		2				

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION: Open Hole Perf. Sully Comp. Commingled Other (Specify) _____

Production Interval _____