

FORM MUST BE TYPED

SIDE ONE

COPY

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

API NO. 15- 091-227120000

County Johnson

NE-NE-NW-NW Sec. 29 Twp. 14 Rge. 22 E

5120 ⁵⁰⁶² Feet from SW (circle one) Line of Section

2970 ³⁸⁷⁵ Feet from EW (circle one) Line of Section

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

Lease Name Bacon (2010 Red Dragon Oil Well # 47) ^{KCC Record}

Field Name Longanecker SE

Producing Formation _____

Elevation: Ground _____ KB _____

Total Depth 920 PSTD _____

Amount of Surface Pipe Set and Cemented at 22.70 Feet

Multiple Stage Cementing Collar Used? _____ Yes _____ No

If yes, show depth set _____ Feet

Alternate II completion, cement circulated from 908.75

feet depth to surface w/ 125 sx cnt.

Drilling Fluid Management Plan A14.2-1-8-98 U.C.
(Data must be collected from the Reserve Pit)

less than

Chloride content 1000 ppm Fluid volume 60 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 # 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

Fractor: Name: Hughes Drilling Co.

License: 05632

Wellsite Geologist: None

Designate Type of Completion
 New Well _____ Re-Entry _____

Oil _____ SWD _____ SIDW _____ Temp. Abd.
 Gas _____ ENHR _____ SIGW _____ JUL 15 1996
 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 _____ PSTD
_____ Commingled _____ Docket No. _____
_____ Dual Completion _____ Docket No. _____
_____ Other (SWD or Inj?) _____ Docket No. _____

7/20/96 6/26/96 7/1/96
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
Building, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well.
Rules 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 7/12/96

Subscribed and sworn to before me this 12th day of July
19 96.

My 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
 KCS _____ Plug _____
 NSPA _____
(Specify) PT
IS

SIDE TWO

Operator Name Richard L. Roberts Lease Name Bacon Well # 47
 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 Yes No
 (Attach Additional Sheets.)
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy.)

| Name | Formation (Top), Depth and Datum | | Sample |
|--------------|----------------------------------|-------|--------|
| | Top | Datum | |
| Hertha | 395 | 401 | |
| Bartlesville | 853 | 862 | |
| TD | 930 | | |

List All E.Logs Run:
 Gamma Ray
 Neutron

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 | 6 1/2" | 6 1/4" | 12 | 22.70 | Portland | 5 | |
| | 5 1/8" | 2 7/8" | 5 | 908.75 | Portland | 125 | 4sk. Prem. |
| | | | | | Poz Mix | | Gel. |

ADDITIONAL CEMENTING/SQUEEZE RECORD

| Purpose: | Depth | | Type of Cement | #Sacks Used | Type and Percent Additives |
|---|-------|--------|----------------|-------------|----------------------------|
| | Top | Bottom | | | |
| <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) | |
|----------------|---|---|---------|
| | | Amount | Depth |
| .10 shots | 854-861 | 150 Gal 15% HCl | 854-861 |
| | | 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 Yes No

Date of First, Resumed Production, SMD or Inj. N/A Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours Oil 2 Bbls. Gas _____ Mcf Water _____ Bbls. Gas-Oil Ratio _____ Gravim

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

METHOD OF COMPLETION

Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval 854-861