

FORM MUST BE TYPED

SIDE ONE

COPY

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

API NO. 15- 091-226830000
County Johnson
- NW-NE - NW Sec. 29 Twp. 14 Rng. 22 E/W

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 (313) 782-0623

Contractor: Name: Hughes Drilling Co.

License: 05682

Wellsite Geologist: None

Designate Type of Completion
 New Well Re-Entry Workover

Oil SWD SIDW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

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 PETD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

2/21/96 2/23/96 3/22/96
Spud Date Date Reached TD Completion Date

4785 ^{4730 PSL - KCC record} Feet from S/N (circle one) Line of Section
3970 ^{3986 FEL} Feet from E/W (circle one) Line of Section

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

Lease Name Bacon (2010 Red Dragon oil) (2016 DRAGONSLAYERS) 50

Field Name Longanecker SE

Producing Formation _____

Elevation: Ground _____ KB _____

Total Depth _____ PETD _____

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 902

feet depth to 25 w/ 3 120 sx cmt.

Drilling Fluid Management Plan alt # 6-6-96
(Data must be collected from the Reserve Pit) KV

Chloride content 4800 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. _____

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 4/4/96

scribed and sworn to before me this 4th day of April, 1996.

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 NGPA
 KGS Plug Other (Specify) _____

SIDE TWO

Operator Name Richard L. Roberts

Lease Name Bacon

Well # 50

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.)

Log Formation (Top), Depth and Datum Sample

Name	Top	Datum
Hertha	394	400
Bartlesville	849	859
TD	918	

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 Additive
Surface	6 1/2"	6 1/4"	12	20	Portland	5	
	5 1/8"	2 7/8"	5	902.20	Portland Poz mix	120	4 sk. Prem. 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
8 shots	854 to 859	150 Gal 15% HCl	854-859
		1/2 Gal 140 acid inhibitor	
		1 Gal 781 surfactant	
		1/2 Gal 588 non-emulsifer	

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 _____ Gravity _____

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 _____