

COPY

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

API NO. 15- 091-227280000

County Johnson

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

51155053 Feet from S (circle one) Line of Section

3405343 Feet from W (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) - 2016-DRAGON AVE #18

Field Name Longanecker

Producing Formation \_\_\_\_\_

Elevation: Ground \_\_\_\_\_ KB \_\_\_\_\_

Total Depth \_\_\_\_\_ PSTD \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at 20.10 Feet

Multiple Stage Cementing Collar Used? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, show depth set \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from 906

feet depth to surface w/ 102 sx cnt.

Drilling Fluid Management Plan AH-2 1-9-98 U.C.  
(Data must be collected from the Reserve Pit)

Chloride content TSTM ppm Fluid volume 60 bbls

Deswearing method used \_\_\_\_\_

Location of fluid disposal if hauled offsite: \_\_\_\_\_

Operator Name \_\_\_\_\_

Lease Name \_\_\_\_\_ License No. \_\_\_\_\_

Quarter \_\_\_\_\_ 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

Driller: Name: Hughes Drilling Co.

License: 05682

Wellsite Geologist: None

Designate Type of Completion  
 New Well \_\_\_\_\_ Re-Entry \_\_\_\_\_ Workover \_\_\_\_\_

Oil \_\_\_\_\_ SWD  SIOW \_\_\_\_\_ Temp. Abd.

\_\_\_\_\_ Gas \_\_\_\_\_ ENHR \_\_\_\_\_ SIGW

\_\_\_\_\_ Dry \_\_\_\_\_ Other (Core, MSW, 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. \_\_\_\_\_

/14/96 10/16/96 awaiting completion

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 2/6/97

Subscribed and sworn to before me this 6th day of February 19 97.

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  SUD/Rep  NSPA  
 KCS  Plug  Other (Specify) \_\_\_\_\_

Y90

SIDE TMD

Operator Name Richard L. Roberts Lease Name Bacon Well # 48

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	397	403
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Bartlesville	854	862
List All E.Logs Run:		TD	930	

CASING RECORD <input 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	6 1/2"	6 1/2"	12	20.10	Portland	5	
	5 1/8"	2 7/8"	5	906.10	Portland Poz mix	102	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

TUBING RECORD	Size	Set At	Pecker At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No

Date of First, Resumed Production, SMD or Inj.	Producing Method
N/A	<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	Grav.

Disposition of Gas:	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, submit ACD-18.)	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Cemented <input checked="" type="checkbox"/> Other (Specify) <u>awaiting completion</u>	