

COPY

FORM MUST BE TYPED

SIDE ONE

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

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: 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, WSW, Expl., Cathodic, etc)
injection

Workover/Re-Entry: old well info as follows: 07 1996

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. E-25485

2/16/96 2/21/96 3/22/96
Spud Date Date Reached TD Completion Date

API NO. 15- 091-226820000
County Johnson
SE-SW-NW Sec. 29 Twp. 14 Rng. 22

3047 3050 FSL Feet from S(N) (circle one) Line of Section
4114 4125 FEL Feet from E(W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner: KCC
NE, SE, NW or SW (circle one) McCORD
2010-Red Dragon oil/2ab+DRAGON

Lease Name Bacon Well # 60-I SLAYER

Field Name Longanecker SE

Producing Formation _____

Elevation: Ground _____ KB _____

Total Depth _____ PSTD _____

Amount of Surface Pipe Set and Cemented at 20.70 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 904

feet depth to 20.70 w/ 115 sx cnt.

Drilling Fluid Management Plan July 6-6-96
(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. _____

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 4/4/96 SWD/Rep. NCPA
 KCS Plug Other (Specify) JS

355-241-95

SIDE TMD

Operator Name Richard L. Roberts Lease Name Bacon Well # 60-I
 East County Johnson
 Sec. 29 Twp. 14 Rgn. 22 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 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	394
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2nd Squirrel	726	729
		Bartlesville	849	859
		TD	940	

List All E.Logs Run:
 Gamma Ray
 Neutron

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	8"	6 1/4	12	20.7	Portland	5	
Injection	5 1/8 to 2 7/8		5	904	Portland	115	5 sk. Prem Gel.
	5 1/8 to 940						Poz mix

TD 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	Acid, Fracture, Shot, Cement Squeeze Record
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used) Depth
9 shots	852 - 858	150 Gal 15% HCl
		1/2 Gal 140 acid inhibitor
		1 Gal 781 surfactant
		1/4 Gal 588 non-emulsifer

TUBING RECORD Size Set At Packer At Liner Run Yes No

Date of First, Resumed Production, SWD or Inj. Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours Oil Bbls. Gas Mcf Water Bbls. Gas-Oil Ratio Gravel

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.) METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____ Production Interval _____