32-14-22E

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. 15-091-22,481
County Johnson
NW - SW - SE Sec. 32 Twp. 14 Rge. 22 X E W
1296 FSL and 2045 FEL -KCC Record

Operator: License #: 3113
Name: Westside Energy, L.C.
Address: 1012 MASSACHUSETTS, STE.#207

City/State/Zip: LAWRENCE, KS 66044
Purchaser: ENRON
Operator Contact Person: ERIC ALTOBELLI
Phone: (913) 832-0335
Contractor: Name: HAWKEYE DRILLING
License#: 0335
Wellsite Geologist: NONE

1300 Feet from (S)/N (circle one) Line of Section
2075 Feet from (E)/W (circle one) Line of Section

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

Lease Name Schlagel Well # 2
Field Name
Producing Formation Bartlesville
Elevation: Ground .KB
Total Depth 940 ft. PBTD
Amount of Surface Pipe Set and Cemented at 20 Feet
Multiple Stage Cementing Collar Used? ___ Yes X No
If yes, show depth set Feet
If Alternate II completion, cement circulated from 20
feet depth to 0 w/ 10 sx cmt.

Designate Type of Completion
X New Well ___Re-Entry ___Workover
X Oil ___SWD ___SIOW ___Temp.Abd.
___Gas ___ENHR ___SIGW
___Dry ___Other (Core, WSW, Expl., Cathodic, etc)

If Workover:
Operator:
Well Name:
Comp. Date: Old Total Depth
___Deepening ___Re-perf. ___Conv. to Inj/SWD
___Plug Back PBTD
___Commingled Docket No.#
___Dual Completion Docket No.#
___Other (SWD or Inj?) Docket No.#

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content ___ppm Fluid volume ___bbl
Dewatering method used:
Location of fluid disposal if hauled offsite

Operator Name:

Lease Name: Licensce#:

___Quarter Sec.___Twp.___S Rng.___E/W

County Docket No.

6-23-92 Spud Date
6-25-92 Date Reached TD
9-1-92 Completion Date

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 requeste 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 E. Altobelli

Title Production Supervisor Date 11 Sept 92

Subscribed and sworn to before me this 11th day of Sept, 1992.

Notary Public Saundra M Brown

Date Commission Expires 7-25-95

SAUNDRA M. BROWN NOTARY PUBLIC My Appl. Exp. 7-25-95 STATE OF KANSAS

K.C.C. OFFICE USE ONLY

F ___ Letter of Confidentiality Attache
C ___ Wireline Log Received
G ___ Geologist Report Received
Distribution
KCC ___ SWD/Rep ___ NGPA
KGS ___ Plug ___ Other (Specify)

RECEIVED
KANSAS CORPORATION COMMISSION
SEP 21 1992

Form ACO-1 (7-91)

Operator Name: MARTIN OIL PROPERTIES Lease Name: Schlagel Well # 2

Sec. 32 Twp. 14 Rge. 22 East X 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, flu recovery, and flow rates if gas to surface during test. Attach extra sheet if more space is neede. Attach copy of log.

Drill Stem Tests Taken (Attach Additional Sheets.) ___Yes X No

Samples Sent to Geological Survey ___Yes X No

Cores Taken X Yes ___No

Electric Log Run (Submit Copy.) X Yes ___No

List All E.Logs Run: Attached

Formation (Top), Depth and Datum

X Log ___Sample

Name	Top	Datum
Attached		

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	6¾"	6"		20'	Portland A	10	2% Gel
Completion	5⅛"	2⅞"		908' ~~940'~~	Portland A	120	

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth Top	Bottom	Type of Cement	#Sacks Used	Type and Percent Add.
___ Perforate					
___ Protect Casing					
___ Plug Back TD					
___ Plug Off Zone					

Shots Per Foot	**PERF. RECORD** - Bridge Plugs Set/Type Specify Footage of Each Interval	**Acid, Fracture, Shot, Cement Squeeze Record** (Amount and Kind of Material Used)	Dept.
2	863' to 871'	50 gal. acid spot; 15% HCL	
		80 bbl. oil frac.; 25 sacks sand	
	Total Shots 17		

TUBING RECORD	Size	Set At	Packer At	Liner Run
				___Yes X No

Date of First, Resumed Production, SWD or Inj. 9-1-92 Producing Method: ___Flowing X Pumping ___Gas Lift ___Other(Explain)

Estimated Production Per 24 Hours X Oil 25 Bbls. ___Gas ___Mcf ___Water ___Bbls ___Gas-Oil Ratio 21 Gravity

Disposition of Gas:

___Vented ___Sold X Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION

___Open Hole X Perf ___Dually Comp. ___Commingled

Other (Specify)

Production Interva