

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

Operator: License # 5885

Name: R. S. GLAZE DRILLING CO.

Address 22139 S. VICTORY ROAD

City/State/Zip SPRING HILL, KS 66083

Purchaser: NONE

Operator Contact Person: ALVA G. GLAZE

Phone (13) 592 2032

Contractor: Name: R. S. GLAZE DRILLING CO.

License: 5885

Wellsite Geologist: NONE

Designate type of completion
 New Well Re-Entry Workover

Oil Gas Dry Other (Core, VDU, Expl., Cathodic, etc)
SMD ENMR SIGW SIGW Temp. Abd.

If Workover/Reentry: Old Well Info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Deepening Re-perf. Conv. to Inj/SMD
Plug Back _____ PSTD
Casing/rod Bucket No. _____
Sual Completion Bucket No. _____
Other (SMD or Inj?) Bucket No. _____

Spud Date 7-23-97 Date Reached TD 7-25-97 Completion Date 7-26-97

API NO. 15- 091-2278000

County JOHNSON

CSW-SW-SW - Sec. 14 Top. 15 Eqs. 24 W

330 Feet from 3/4 (circle one) Line of Section

4950 Feet from 3/4 (circle one) Line of Section

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

Lease Name TOM MEYERS Well # 4

Field Name STILLWELL

Producing Formation BARTLESVILLE

Elevation: Ground 1065 ED

Total Depth 850 PSTD

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 880

feet depth to surface W 145 ex. cnt.

Drilling Fluid Management Plan ALT 2 3-16-98 SK
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ bbls

Countering method used RECEIVED

Location of fluid disposal if hauled offsite:
KANSAS CORPORATION COMMISSION

Operator Name JAN 30 1998

Lease Name _____ License No. _____

Quarter 1 Sec. 14 Top. 15 E/W

County _____ Bucket No. _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, 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 _____

Title OWNER Date 1/29/98

Subscribed and sworn to before me this 29 day of January 19 98

Notary Public _____

Date Commission Expires 5-22-98

K.C.C. OFFICE USE ONLY
 Letter of Confidentiality Attached
 Wireline Log Received
 Geologist Report Received
Distribution
 KCC SMD/Rep NEPA
 EGS Plug Other (Specify)
IS

Operator Name R. S. GLAZE DRILLING CO. Lease Name TOM MEYERS Well # 4
 County JOHNSON
 Sec. 14 Twp. 15 Rge. 24 East 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 Yes No
 (Attach Additional Sheets.)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
 (Submit Copy.)

List All E-Logs Run:
 GAMMA RAY - NEUTRON

Log Formation (Top), Depth and Datum Sample

Name Top Datum

RECEIVED
 WELL LOG ATTACHED KANSAS CORPORATION COMMISSION
 JAN 30 1998
 CONSERVATION DIVISION
 WICHITA, KS

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 | 8" | 7" | | 20 | Portland | 6 | water |
| PRODUCTION | 6 1/2" | 2 7/8" | | 826 | PORTLAND | CONSOLIDATED WELL 1455X | |

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 | | | | PRESSURIZED CEMENT JOB BY CONSOLIDATED WELL SERV. |

| Shots Per Foot | PERFORATION RECORD - Bridge Plug Set/Type Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) | Depth |
|----------------|---|--|-------|
| | NOT PERFORATED YET | | |

TUBING RECORD

| Size | Set At | Packer At | Liner Run |
|--------|--------|-----------|--|
| 2 7/8" | 2 7/8" | 826 | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Date of First, Resumed Production, BHD or Inj. NONE Producing Method Flowing Pumping Gas Lift Other (Explain)

| Estimated Production Per 24 Hours | Oil | Sbls. | Gas | Scf | Water | Sbls. | Gas-Oil Ratio | Gravity |
|-----------------------------------|-----|-------|-----|-----|-------|-------|---------------|---------|
| | | | | | | | | |

Disposition of Well: Vented Sold Used on Lease (if vented, submit ACO-18.)

METHOD OF COMPLETION Open Hole Perf. Sully Comp. Coningled Other (Specify) _____

Production Interval _____