

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

API NO. 15- 1509122818

County JOHNSON

C NE NE-SE Sec. 15 Twp. 15 Rgs. 24 E

2310 Feet from 2/R (circle one) Line of Section

330 Feet from 2/W (circle one) Line of Section

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

Lease Name JMEYERS Well # 1-15

Field Name STILLWELL (osborn)

Producing Formation BLACK SLATE

Elevation: Ground 1065 KB

Total Depth 9205 PSTD 9205

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 920

feet depth to surface w/ 117 ex cnt.

Drilling Fluid Management Plan ALT 2 9-28-98 JK
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ bbls

Seamting method used _____

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

Quarter _____ Sec. _____ Twp. _____ Rng. _____ E/W

County _____ Bucket No. _____

Operator: License # 5885

Name: R. S. GLAZE DRILLING CO.

Address 22139 S. VICTORY ROAD

City/State/Zip SPRING HILL, KS 66083

Purchaser: NONE

Director Contact Person: ALVA G. GLAZE

Phone (City) 502 2033

Contractor: Name: R S GLAZE DRILLING CO.

License: 5885

Site Geologist: NONE

Designate Type of Completion
 New Well Re-Entry Workover

Oil SWD SLOW Temp. Abd.
 Gas ENMR SLOW
 Dry Other (Core, MWU, Expl., Cathodic, etc)

If Workover/Reentry: Old Well Info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PSTD
 Cemented Bucket No. _____
 Dual Completion Bucket No. _____
 Other (SWD or Inj?) Bucket No. _____

10 12 97 10 14 97 10 17 97
Spud Date Date Reached TD Completion Date

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 207B, 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 2/2/98

Subscribed and sworn to before me this 9th day of February 19 98.

Notary Public David B. Dunmire

Date Commission Expires _____

DAVID B. DUNMIRE
NOTARY PUBLIC
STATE OF KANSAS

K.C.C. OFFICE USE ONLY
Letter of Confidentiality Attached
Wireline Log Received
Geologist Report Received
Distribution
 KCC SWD/Rep MCPA
 KGS Plus Other (Specify) IS

Operator Name R.S. GLAZE DRILLING CO.

Lease Name J. MEYERS

Well # 1-15

East

County johnson

Sec. 15 Twp. 15 Rge. 24 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

well log attached

CASING RECORD <input checked="" 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 Additive
surface	8"	7"		20'	portland	6	water
prod	6 1/4	4.5		898	portland	117	consolid. 50/50 F0Z

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
	YET TO BE PERF		

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, BMD or Inj.	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Sea Lift <input type="checkbox"/> Other (Explain)					
Estimated Production Per 24 Hours	Oil	Mbls.	Gas	Mcf	Water	Mbls. Sea-Off Ratio Gravity

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

METHOD OF COMPLETION Open Hole Perf. Shallow Comp. Coningled

Production Interval Other (Specify) _____