

ORIGINAL

FORM MUST BE TYPED

SIDE ONE

091-228120000

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:
or Contact Person: ALVA G. GLAZE
Phone (13) 502 2033

Contractor: Name: R. S. GLAZE DRILLING CO.
License: 5885
Site Geologists: NONE

Designate Type of Completion
 New Well Re-Entry Workover
 Oil GND SIGW Temp. Abd.
 Gas ENMR SIGW
 Dry Other (Core, NW, Expl., Cathodic, etc)

Workover/Reentry: Old Well Info as follows:

Operator: _____
Well Name: _____
Comp. Date _____ Old Total Depth _____
Deepening _____ Re-perf. _____ Conv. to Inj/GND _____
Plug Back _____ PSTB _____
Cemented _____ Bucket No. _____
Sual Completion _____ Bucket No. _____
Other (GND or Inj?) Bucket No. _____

9 20 97 10 1 97 10 2 97
Spud Date Date Reached TD Completion Date

API NO. 15- ~~001-228120000~~
County JOHNSON

SE-SE-NW - NW Sec. 3 Twp. 15 Rge. 24e
1030 Feet from S/E (circle one) Line of Section
1230 Feet from E/W (circle one) Line of Section

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

Lease Name TOBIN Well # 3
Field Name OSBORN

Producing Formation NONE
Elevation: Ground 1000 KB
Total Depth 840 PSTB

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 _____
feet depth to _____ w/ _____ SK cnt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbls
Bouncing method used _____
Location of fluid disposal if hauled offsite: _____

Operator Name _____
Lease Name _____ License No. _____
Quarter Sec. Twp. Rng. 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 2/9/98
Subscribed and sworn to before me this 9th day of February
19 98.
Notary Public David B. Dunwire
Date Commission Expires _____

DAVID B. DUNWIRE
NOTARY PUBLIC
STATE OF KANSAS
My App't Expires 5/22/98

K.C.C. OFFICE USE ONLY
 Letter of Confidentiality Attached
 Wireline Log Received
 Geologist Report Received
RECEIVED
STATE CORPORATION COMMISSION
KCC
KGS
DISTRIBUTION
GND/REPLETION
Plus
MCPA
Other
(Specify)
FEB 18 1998
Conservation Division
Form ACO-1 (9-97)
Wichita, Kansas