

FORM MUST BE TYPED

ORIGINAL

SIDE ONE

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

API NO. 15-091-227980000

County JOHNSON plugged 9/8/97

NW SE NE Sec. 12 Twp. 15 Rge. 24 E W

3630 Feet from SE (circle one) Line of Section

330 Feet from EW (circle one) Line of Section

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

Lease Name ADAMS Well # 9

Field Name OSBORN

Producing Formation NONE

Elevations: Ground 1070 ES

Total Depth 840 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 840

feet depth to surface w/                      ex cnt.

Drilling Fluid Management Plan  
(Data must be collected from the Reserve Pit)

Chloride content                      ppm Fluid volume                      bbls

Countering method used                     

Location of fluid disposal if hauled offsite:                     

Operator Name                     

Lease Name                      License No.                     

                     Quarter                      Sec.                      Twp.                      Rng.                      E/W

County                      Section                     

Operator's License # 5885

Name: R. S. GLAZE DRILLING CO.

Address 22139 S. VICTORY ROAD

City/State/Zip SPRING HILL, KS 66083

Producers: NONE

For Contact Person: ALVA G. GLAZE

Phone (13) 502 2032

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

License: 5885

Wellbore Geologist: NONE

Designate Type of Completion

New Well  Re-Entry  Workover

Oil  SWD  SOW  Temp. Abd.

Gas  ENR  SOW

Dry  Other (Core, WSM, Expl., Cathodic, etc)

\* 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.                     

9-6-97 9-7-97 9-8-97

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 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 confidentially 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 [Signature]

Title OWNER Date 2/2/98

Subscribed and sworn to before me this 9<sup>th</sup> day of February 19 98.

Notary Public [Signature]

Date Commission Expires                     

DAVID B. DUNMIRE  
NOTARY PUBLIC  
STATE OF KANSAS  
My App't Expires 5/23/98

K.C.C. OFFICE USE ONLY  
F  Letter of Confidentiality Attached  
C  Wireline Log Received  
C  Geologist Report Received  
  
Distribution  
 KCC  SWD/Rep  NCPA  
 KGS  Plus  Other (Specify)  
                      
FEB 9 8 1998