

ORIGINAL COPY

FORM MUST BE TYPED

SIDE ONE

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACC-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
For 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 SOW Temp. Abd.
 Gas ENR GIM
 Dry Other (Core, MSU, Expl., Cathodic, etc)

If Workover/Reentry: Did 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. _____
Spud Date 10 12 97 Date Reached TD 10 14 97 Completion Date 10 17 97

API NO. 15- 1509122818
County JOHNSON
C NE NE-SE Sec. 15 Twp. 15 Rng. 24 E
23702319 Feet from 2/4 (circle one) Line of Section
330 3/48 Feet from E/4 (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE, SE, SW or NW (circle one)
Lease Name JMEYERS Well # 1-15
Field Name STILLWELL (osborn)
Producing Formation BLACK SLATE
Elevation: Ground 1065 EB
Total Depth 9205 PSTD 9265
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 sq. cat.
Drilling Fluid Management Plan ALT 2 9-28-98 JK
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbls
Bastering 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 2/2/98
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
My App't Expires 5/23/98

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

ORIGINAL

SIDE TWO

Operator Name R. S. GLAZE DRILLING CO. Lease Name J. MEYERS Well # 1-15
 Sec. 15 Twp. 15 Rge. 24 East County johnson
 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 Additives
surface	8"	7"		20'	portland	6	water
prod	6 1/4	4.5		898	portland	117	consolid. 50/50 Foz

ADDITIONAL CEMENTING/SQUEEZE RECORD					
Purposes: <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	Depth		Type of Cement	# Sacks Used	Type and Percent Additives
	Top	Bottom			

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)	
		Amount	Depth
	YET TO BE PERF		

TUBING RECORD Size _____ Set At _____ Packer At _____ Liner Run Yes No

Date of First, Resumed Production, SMD or Inj. _____ Producing Method Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours Oil _____ Mbls. Gas _____ Mcf Water _____ Mbls. Gas-Oil Ratio _____ Gravity _____

Disposition of Gas: **METHOD OF COMPLETION** Vented Sold Used on Lease (if vented, submit ACO-18.) Open Hole Perf. Sully Comp. Commingled _____
 Other (Specify) _____