

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

Operator: License # 8047
Name: VICKERS FARMS OIL VENTURE
Address: BOX 7
512 MAIN
City/State/Zip: WELLSVILLE, KS 66092
Purchaser: CMI
Operator Contact Person: JERRY L. VICKERS
Phone: (913) 883-2171
Contractor: Name: HUGHES DRILLING CO.
License: 5682
Geologist:

Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, MSW, Expl., Cathodic, etc)

If Workover/Re-Entry: old well info as follows:
Operator: _____
Well Name: _____
Comp. Date _____ Old Total Depth _____
Deepening _____ Re-perf. _____ Conv. to Inj/SWD _____
Plug Back _____ PBTD _____
Cemented _____ Decklet No. _____
Dual Completion _____ Decklet No. _____
Other (SWD or Inj?) _____ Decklet No. _____
8-10-94 8-19-94
Start Date Date Reached TD Completion Date

API NO. 15- 059-24785 ORIGINAL
County FRANKLIN 31-16-21E
- NW - SE - NE Sec. 31 Twp. 16 Rge. 21
3840 Foot from SW (circle one) Line of Section
1310 Foot from SW (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE, SE NW or SW (circle one)
Lease Name BRAUN Well # 18
Field Name PAOLA-RANTOUL
Producing Formation SQUIRELL
Elevation: Ground N/A KB N/A
Total Depth 745 PBTD _____
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 20
feet depth to 0 w/ 5 sx cmt.

Drilling Fluid Management Plan ALT II 12-11-95 SK
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbls
Desulfuring method used _____
Location of fluid disposal if hauled offsite: _____
Operator Name _____
Lease Name _____ License No. _____
Quarter _____ Sec. _____ Twp. _____ S Rng. _____ E/W _____
County _____ Decklet No. _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rules 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 and the statements herein are complete and correct to the best of my knowledge.

Signature Jerry L. Vickers
Title partner Date 12-14-94
Subscribed and sworn to before me this 14TH day of DECEMBER 19 94.
By Public Brenda J. Siskus
Date Commission Expires Oct. 16, 1997

K.C.C. OFFICE USE ONLY		
F	<input type="checkbox"/>	Letter of Confidentiality Attached
C	<input type="checkbox"/>	Wireline Log Received
C	<input type="checkbox"/>	Geologist Report Received
Distribution		
<input checked="" type="checkbox"/>	KCC	<input type="checkbox"/> SWD/Rep
<input type="checkbox"/>	KBS	<input type="checkbox"/> Plug
<input type="checkbox"/>		<input type="checkbox"/> HOPA
		<input type="checkbox"/> Other (Specify)

NOTARY PUBLIC - State of Kansas
My Apt. exp. 10-16-97

Operator Name WICKERS FARMS OIL VENTURE Lease Name BRAUN Well # 18

Sec. 31 Twp. 16 Rge. 21 East West
 County FRANKLIN

INSTRUCTIONS: Show important tops and bases of formations penetrated. Detail all cores. Report all drill stem tests, give interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static or hydrostatic pressure, bottom hole temperature, fluid recovery, and flow rates if gas to surface during test. Attach one sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken (Attach Additional Sheets.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	BROWN LIME	622	
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	SHALE	627	
List All E.Logs Run:		LIME	633	
		SAND	634	
		SHALE	636	
		SAND	703	
		SHALE	712	
		TD	745	

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	9 7/8	6 1/4		20	COMM.	5	NONE.
PRODUCTION	5 1/8	2 7/8		731.55	PORTLAND A	80	2% C

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
	NO PERFS. TO DATE		

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

METHOD OF COMPLETION

Open Hole Perf. Dually Comp. Commingled

Other (Specify) _____

Production Interval _____