

80847

Side Two

Operator Name: Osborn Energy, L.L.C. Lease Name: Sanders Well #: 1-8
 Sec. 8 Twp. 16 S. R. 25 East West County: Miami

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems 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 test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: IES / CDL Cmt Bond / GR / CCL (sent w/ this ACO-1)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"><input checked="" type="checkbox"/> Log</td> <td style="width:55%;">Formation (Top), Depth and Datum</td> <td style="width:30%;">Sample</td> </tr> <tr> <td>Name</td> <td>Top</td> <td>Datum</td> </tr> <tr> <td colspan="3" style="text-align: center; padding: 10px;">OH Log(s), Cmt ticket(s), Drlg's Log, etc., sent w/ 1st ACO-1</td> </tr> </table>	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	Sample	Name	Top	Datum	OH Log(s), Cmt ticket(s), Drlg's Log, etc., sent w/ 1st ACO-1		
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Name	Top	Datum								
OH Log(s), Cmt ticket(s), Drlg's Log, etc., sent w/ 1st ACO-1										

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	13 3/4"	10 3/4"	32.75	21'	Portland	13	3% CaCl ₂
Production	8 3/4"	5 1/2"	15.50	1085'	Thixotropic	160	2% CaCl ₂

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 <i>(Amount and Kind of Material Used)</i>		Depth
4	332-336 & 503-506 (Treated together - balled off)	500 gal. 15% HCl acid 53 sx 20/40 & 6 sx 12/20 frac sand		332-336 503-506
4	576-580 & 612-620 (Treated together - balled off)	500 gal. 15% HCl 118 sx 20/40 & 34 sx 12/20 frac sand		576-580 612-620
4	734-737 & 768-772 (Treated together - balled off)	500 gal. 15% HCl acid 86 sx 20/40 & 24 sx 12/20 frac sand		734-737 768-772
4	802-806 & 847-850 (Treated together - balled off)	400 gal. 15% HCl acid 100 sx 20/4 & 25 sx 12/20 frac sand		802-806 847-850
4	893-896 & 917-920 (Treated together - balled off)	800 gal. 15% HCl acid 150 sx 20/40 & 50 sx 12/20 frac sand		893-896 917-920

TUBING RECORD	Size Set At 2 7/8" set at 960' +/-	Packer At None	Liner Run Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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Date of First, Resumed Production, SWD or Enhr. 8/2002	Producing Method Flowing <input type="checkbox"/> Pumping <input checked="" type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) <input type="checkbox"/>
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Estimated Production Per 24 Hours	Oil Bbls. None	Gas Mcf Avg. 17.5	Water Bbls. Avg. 353.8	Gas-Oil Ratio	Gravity No Oil
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Disposition of Gas	METHOD OF COMPLETION	Production Interval	332-336 503-506 576-580 612-620 768-772 734-737 802-806 847-850 893-896 917-920
<input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-1B.)</i>	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input checked="" type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____		