

5-17-21E

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

COPY

API NO. 15- 059-23239

County Franklin

NW/4 SW/4 Sec. 5 Twp. 17 Rge. 21 E

1545 Feet from S/W (circle one) Line of Section

4680 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 Eneihen Well # 7

Field Name Paola - Rantoul

Producing Formation Squirrel

Elevation: Ground _____ KB _____

Total Depth 772' PBDT _____

Amount of Surface Pipe Set and Cemented at 25 Feet

Multiple Stage Cementing Collar Used? Yes X No _____

if yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cat _____

Drilling Fluid Management Plan REWORK J # 6-13-94
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ bbl

Dewatering method used _____

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

Quarter _____ Sec. _____ Twp. _____ S Rng. _____ E/W _____

County _____ Docket No. _____

Operator: License # 8701

Name: Triple J inc

Address 225 Megan Lane

City/State/Zip Ottawa, KS 66067

Purchaser: Enron

Operator Contact Person: John Herrick

Phone (913) 242-6423

Contractor: Name: _____

License: _____

Wellsite Geologist: None

Designate Type of Completion
____ New Well X Re-Entry ____ Workover

____ Oil X SWD X SLOW X Temp. Abd.
____ Gas X ENHR X SIGV
____ Dry X Other (Core, WSV, Expl., Cathodic, etc)

If Workover/Re-Entry: old well info as follows:

Operator: Triple J inc

Well Name: Eneihen #7

Comp. Date 6/82 Old Total Depth 772'

____ Deepening X Re-perf. X Conv. to Inj/Run
____ Plug Back _____ PBDT _____
____ Commingled _____ Docket No. _____
____ Dual Completion _____ Docket No. _____
____ Other (SWD or Inj?) _____ Docket No. _____

11-11-93 6/82 12-1-93
~~START~~ Date OF Date Reached TD Completion Date of
START OF WORKOVER WORKOVER

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. Rule CP-3-130, 82-3-106 and 82-3-107 apply. Information on slide 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.

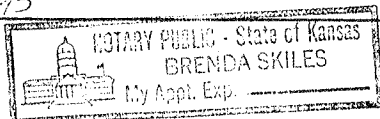
Signature John Herrick

Title owner Date 1-12-94

Subscribed and sworn to before me this 12 day of JAN 19 94

Notary Public Brenda Skiles

Date Commission Expires 9-27-95



K.C.C. OFFICE USE ONLY
F _____ Letter of Confidentiality Attached
C _____ Wireline Log Received N/A
C _____ Geologist Report Received N/A
Distribution: X KCC _____ SWD/Rep _____
X KGS _____ Plug _____ Other _____
RECEIVED
JAN 24 1994
Conservation Division
Form ACO-1 (7-91) Wichita, Kansas

Operator Name Triple J inc Lease Name Eneihen Well # 7
 Sec. 5 Twp. 17 Rge. 21 East County Franklin
 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 sheets 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 type="checkbox"/> Log Formation (Top), Depth and Datums	<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	see attached electric log and cement bond log	
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

List All E.Logs Run:

CASING RECORD <input 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	7 1/2"	6 7/8"		25'		5	
intermediate		2 7/8"		766'		85	
production		1"		712'			

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
	perfs from 660' to 668'		
	perfs from 712' to 719'		
	perfs from 728' to 731'		
	2 shots per foot		

TUBING RECORD	Size <u>2 7/8"</u>	Set At <u>766'</u>	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------	--------------------	--------------------	-----------	-------------------------------------------------------------------------------

Date of First, Resumed Production, SWD or Inj.	Producing Method
<u>NO INJECTION YET; STILL WAITING</u>	<input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Expl)

Estimated Production Per 24 Hours	Oil <u>N/A</u> Bbls.	Gas <u>N/A</u> 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 _____