

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

ORIGINAL

API NO. 15- 003-239800000

County ANDERSON

W/2 - NE - SE - 13 Sec. 20 Twp. 20 Rge. 20  E  W

1925 Feet from (S)N (circle one) Line of Section

990 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 HASTERT Well # 6-W

Field Name GARNETT SHOESTRING

Producing Formation CATTLEMAN

Elevation: Ground N/A KB \_\_\_\_\_

Total Depth 871 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 871

feet depth to 0 surface w/ 105 ex. cnt.

Drilling Fluid Management Plan AH 2 1-21-98  
(Data must be collected from the Reserve Pits) J.C.

Chloride content \_\_\_\_\_ ppm Fluid volume \_\_\_\_\_ bbls

Dewatering method used \_\_\_\_\_

Location of fluid disposal if hauled offsite: \_\_\_\_\_

Operator Name \_\_\_\_\_

Lease Name \_\_\_\_\_ License No. \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ Rge. \_\_\_\_\_ E/W

County \_\_\_\_\_ Docket No. \_\_\_\_\_

Operator: License # 03113

Name: MARTIN OIL PROPERTIES

Address P.O. BOX 2236

City/State/Zip NORMAN, OK 73070

Purchaser EOTT

Operator Contact Person: CHRISTIAN L. MARTIN

Phone (405) 810-0900

Contractor: Name: XENIA CORP.

License: 04693

Wellsite Geologist: NONE

Designate Type of Completion

New Well  Re-Entry  Workover

Oil  SWD  SIOW  Temp. Abd.

Gas  ENHR  SIGW

Dry  Other (Core, VSW, Expi., Cathodic, etc.)  
H<sub>2</sub>O INJECTION WELL

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 \_\_\_\_\_ PSTD

Casing/leg \_\_\_\_\_ Docket No. \_\_\_\_\_

Dual Completion \_\_\_\_\_ Docket No. \_\_\_\_\_

Other (SWD or Inj?) \_\_\_\_\_ Docket No. \_\_\_\_\_

3/12/97 3/17/97 DELAYED COMPLETION

Date Date Reached TD Completion Date

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 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 President/Owner Date 5/8/97

Subscribed and sworn to before me this 8th day of May 19 97.

Notary Public Kay L. White

Date Commission Expires 9-3-00

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"/> NGPA
<input type="checkbox"/>	KCS	<input type="checkbox"/> Plug <input checked="" type="checkbox"/> Other (Specify)

Operator Name MARTIN OIL PROPERTIES

SIDE TWO

HASTERT

6-W

Lease Name \_\_\_\_\_ Well # \_\_\_\_\_

Sec. \_\_\_\_\_ Top. \_\_\_\_\_ Rge. \_\_\_\_\_  
 East  
 West

County ANDERSON

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.)

Leg Formation (Top), Depth and Datum  Sample  
Name Top Datum

List All E.Logs Run:

ATTACHED

ATTACHED

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	8"	6 1/4"		20	100% PORTLAND	10	
completion	5 1/4"	2 7/8"		871	100% Port.	105	

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose: ____ Perforate ____ Protect Casing ____ Plug Back TD ____ 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)		Depth
	N/A				

TUBING RECORD Size 2 7/8 Set At 871 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 Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	0	0	0		23

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 \_\_\_\_\_