

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

Operator: License # 9851
Name: PRYOR OIL CO., INC.
Address 473 N. SHORE DR.
PARKVILLE, MO
City/State/Zip 64151
Purchaser: ENRON
Operator Contact Person: JIM PRYOR
Phone (816) 587-1225
Contractor: Name: XENIA CORP.
License: 4693
Write Geologist: JIM PRYOR

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

If Workover:
Operator: _____
Well Name: _____
Comp. Date _____ Old Total Depth _____
Deepening _____ Re-perf. _____ Conv. to Inj/SWD _____
Plug Back _____ PBDT _____
Commingled _____ Docket No. _____
Dual Completion _____ Docket No. _____
Other (SWD or Inj?) _____ Docket No. _____
6/23/97 6/25/97 6/25/97
Spud Date Date Reached TD Completion Date

API NO. 15- 107-235740000 **COPY**
County LINN
NW -NE - NW -NW Sec. 20 Twp. 21 Rge. 22e
5115 Feet from (S)N (circle one) Line of Section
4455 Feet from (E)W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE, (S), NW or SW (circle one)
Lease Name NIELSON-FUNK Well # 2
Field Name CENTERVILLE
Producing Formation SQUIRREL
Elevation: Ground 910 KB _____
Total Depth 797 PBDT _____
Amount of Surface Pipe Set and Cemented at 20' Feet
Multiple Stage Cementing Collar Used? _____ Yes XX No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan D&A JH 11-7-97
(Data must be collected from the Reserve Pit)
Chloride content 7000 ppm Fluid volume 100 bbls
Dewatering method used EVAPORATION AND BACKFILLING
Disposition of fluid disposal if hauled offsite: NOL
Operator Name _____
Lease Name _____ License No. _____
Quarter _____ Sec. CONFIDENTIAL Twp. _____ S Rng. _____ E/W _____
County _____ Docket No. _____

RELEASED
OCT 6 1998

FROM CONFIDENTIAL

RUCTIONS: 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 PRESIDENT Date 8/8/97
Subscribed and sworn to before me this 8th day of Aug, 19 97.
Notary Public Leonard L. Hopkins
Date Commission Expires _____

LEONARD L. HOPKINS
Notary Public - Notary Seal
STATE OF MISSOURI
Platte County
My Commission Expires: Dec. 6, 2000

K.C.C. OFFICE USE ONLY	
F <input checked="" 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"/> KGS	<input type="checkbox"/> Plug
	<input checked="" type="checkbox"/> NGPA
	<input type="checkbox"/> Other (Specify)

Operator Name PRYOR OIL CO., INC.

Lease Name NIELSON-FUNK

Well # 2

Sec. 20 Twp. 21 Rge. 22

East
 West

County LINN

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:

Log Formation (Top), Depth and Datum Sample

Name	Top	Datum
BKC	86	
B. FT. SCOTT	426	
T. SQ.		
B. SQ.		

CASING RECORD <input type="checkbox"/> New <input checked="" 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 Perc Additives
SURFACE	10 1/2	7"	17#	20'	PORTLAND	8	-0-

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
2			
	D & A		

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
	D & A				

Disposition of Gas: METHOD OF COMPLETION

Vented Sold Used on Lease
(If vented, submit ACO-18.)

Open Hole Perf. Commingled
 Other (Specify)

