

1923

COPY

SIDE ONE

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

Operator: License # 9102
Name: MICO Oil and Gas, Inc.
Address Post Office Box 281
City/State/Zip Paola, Kansas 66071
Purchaser: Crude Marketing
Operator Contact Person: Ernie D. Pratt
Phone (913) 755-2128

Contractor: Name: Chase Drilling Company
License: 9442
Wellsite Geologist: John Amerman

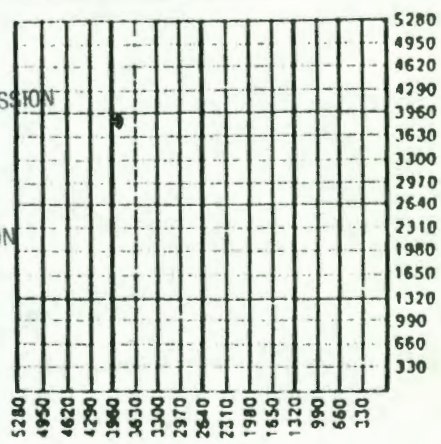
Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD Temp. Abd.
 Gas Inj Delayed Comp.
 Dry Other (Core, Water Supply, etc.)

If OWNED: old well info as follows:
Operator: _____
Well Name: _____
Comp. Date _____ Old Total Depth _____

Drilling Method:
 Mud Rotary Air Rotary Cable
Start Date 19/91 Date Reached TD 3/20/91 Completion Date 3/22/91

API NO. 15- 107-23,252
County Linn
NW SW NW - CCC East
NW SE NW Sec. 18 Twp. 22 Rge. 22 West
3905.0 Ft. North from Southeast Corner of Section
3905.0 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)
Lease Name Mitchell Well # 8W
Field Name Blue Mound
Producing Formation Bartlesville
Elevation: Ground 1000 KB _____
Total Depth 692.0 PBID 679.0

RECEIVED
STATE CORPORATION COMMISSION
SEP 03 1991
CONSERVATION DIVISION
Wichita, Kansas



9-4-91

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 692.0
feet depth to 679.0 0 w/ 75 sx rnt.

INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 100 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the start date of any well. Rule 82-3-150, 82-3-107 and 82-3-106 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 drillers time log 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. Any recompletion, workover or conversion of a well requires filing of ACO-2 within 120 days from commencement date of such work.

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 [Handwritten Signature]
Title President Date 8/20/91
Subscribed and sworn to before me this 28th day of August, 19 91.
Notary Public Mischelle S. Cragg
Date Commission Expires 8/16/95

NOTARY PUBLIC - State of Kansas
MISCHELLE S. CRAGG
My Appt. Exp. 8-16-95

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Drillers Time Log Received
Distribution
 KCC SMI/Rep NGPA
 KGS Plug Other
(Specify)

SIDE TWO

Operator Name MICO Oil and Gas, Inc. Lease Name Mitchell Well # 8W
 Sec. 18 Twp. 22 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.)

Formation Description

Log Sample

Name	Top	Bottom
Hertha	79.0	103.0
Pleasanton	107.0	262.0
Fort Scott	429.0	438.0
Mulky Coal	454.0	457.0
Bartlesville	624.0	643.0

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	9.25	6.25	NA	20.0	Port "A"	5	
Casing	6.25	2.50	6.5	679.0	Port "A"	75	60/40 POS.

Shots Per Foot	Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
1.5	626.0 - 634.0	2 1/8" ALUM JETS F.W.	
		1 sxs. 20X40	
		9 sxs. 10X20	

TUBING RECORD Size Set At Packer At Liner Run Yes No

Date of First Production 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 Perforation Dually Completed Commingled Other (Specify) _____

Production Interval: _____ 626.0 _____ 634.0

