

John

FORM MUST BE TYPED

SIDE ONE

ORIGINAL

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

Operator: License # 32079

Name: John E. Leis

Address 111 E. Mary

Yates Center, Ks. 66783

City/State/Zip _____

Purchaser: Plains

Operator Contact Person: John E. Leis

Phone (316) 625 3676

Contractor: Name: John E. Leis

License: 32079

Wellsite Geologist: Ron Tirroth

Designate Type of Completion
 New Well Re-Entry Workover

Oil SWD S1OW 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 SWD
 Plug Back _____ PBTB
 Commingled _____ Docket No. _____
 Dual Completion _____ Docket No. _____
 Other (SWD or ~~XXX~~) Docket No. D-27,763

9-24-90 10-11-90 10-11-90
Spud Date Date Reached TD Completion Date

API NO. 15- 207 - 25 - 820-00-00
County Woodson XX E
SE - SW - NE - SW Sec. 32 Twp. 23 Rge. 15 W
1605 Feet from S (circle one) Line of Section
4820 Feet from E (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE, (SE) NW or SW (circle one)
Lease Name Weide Well # T - 3
Field Name Winterscheid
Producing Formation Mississippi Lime
Elevation: Ground 1107 KB 1111
Total Depth 1604 PBTB 1600
Amount of Surface Pipe Set and Cemented at 40 Feet
Multiple Stage Cementing Collar Used? _____ Yes No
If yes, show depth set NA Feet
If Alternate II completion, cement circulated from 1600
feet depth to surface w/ 204 sx cmt.
Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
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. _____ S Rng. _____ E/W
County _____ Docket No. _____

INSTRUCTIONS: 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.

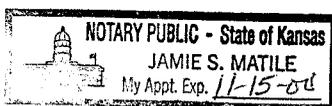
Signature John E. Leis

Title _____ Date 5-9-00

Subscribed and sworn to before me this 9th day of May, 19 2000.

Notary Public Jamie S Matile

Date Commission Expires 11-15-00



K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
KCC VPM/SWD/Rep _____ NGPA
KGS _____ Plus _____ Other
RECEIVED (Specify)
STATE CORPORATION COMMISSION

Form ACO-1 (7-91) JUN 6 2000

CONSERVATION DIVISION
Wichita, Kansas

Operator Name John E. Leis Lease Name Weide Well # T-3

Sec. 32 Twp. 23 Rge. 15 East West
 County Woodson

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 (Attach Additional Sheets.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log Formation (Top), Depth and Datum	<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		
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
List All E.Logs Run:	<u>Gamma Neutron</u>		

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	9 3/4	7 1/2	21#	40	Portland	10	None
Longstring	6 1/4"	4 1/4"	9 1/2#	1600'	Portland	204	4-sx Prem g 2-sx flo-seal

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 checked="" type="checkbox"/> Plug Back TD	1465- 900	Portland	3	NA
<input checked="" type="checkbox"/> Plug Off Zone	1180 - 1190			

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type	Acid, Fracture, Shot, Cement Squeeze Record
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used) Depth
(one) I	635 -660	Acid 30 Gallon

TUBING RECORD		Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj.			Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
Estimated Production Per 24 Hours	Oil Bbls. <u>N/A</u>	Gas Mcf <u>N/A</u>	Water Bbls. <u>30</u>	Gas Ratio <input checked="" type="checkbox"/>	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: _____