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JUN 14 2002

KCC WICHITA

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 31708
Name: Ensminger-Kimzey
Address: 1446-3000 St.
City/State/Zip: Moran, Kansas 66755
Purchaser: Crude Marketing
Operator Contact Person: Donald Ensminger
Phone: (620) 496-2300 or 496-7181 cell
Contractor: Name: Donald & Jack Ensminger
License: 6137
Wellsite Geologist: _____

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/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

Deepening Re-perf. Conv. to Enhr./SWD

Plug Back Plug Back Total Depth

Commingled Docket No. _____

Dual Completion Docket No. _____

Other (SWD or Enhr.?) Docket No. _____

4-18-02 4-22-02 4-25-02
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-001-28960

County: Allen

SE SW SE Sec. 17 Twp. 24 S. R. 19 East West

165 feet from S / N (circle one) Line of Section

2145 feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: Dreher Well #: 4

Field Name: Iola

Producing Formation: Tucker

Elevation: Ground: XX Kelly Bushing: _____

Total Depth: 916 Plug Back Total Depth: _____

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 Surface

feet depth to 903 w/ 110 sx cmf.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)

Chloride content 125 ppm Fluid volume 325 bbls

Dewatering method used Air Dry

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License No.: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

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 of 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: Donald Ensminger

Title: Co. Owner Date: 6-15-02

Subscribed and sworn to before me this 16 day of June

2002

Notary Public: Kristie L. TAVAREZ

Date Commission Expires: Feb 16, 05

KRISTIE L. TAVAREZ
Notary Public - State of Kansas
My Appt. Expires 2-16-05

KCC Office Use ONLY
 Letter of Confidentiality Attached
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

Operator Name: Ensminger-Kimzey Lease Name: Dreher Well #: 4
 Sec. 17 Twp. 24 S. R. 19 East West County: Allen

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems 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 test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

| Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Attach Additional Sheets) Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Submit Copy) List All E. Logs Run: | <input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: center;">Top</th> <th style="text-align: center;">Datum</th> </tr> </thead> <tbody> <tr> <td>Soil</td> <td style="text-align: center;">0</td> <td style="text-align: center;">9</td> </tr> <tr> <td>Ls with Sh streaks</td> <td style="text-align: center;">9</td> <td style="text-align: center;">259</td> </tr> <tr> <td>Sh with Ls streaks</td> <td style="text-align: center;">259</td> <td style="text-align: center;">878</td> </tr> <tr> <td>Oil Sd</td> <td style="text-align: center;">878</td> <td style="text-align: center;">888</td> </tr> <tr> <td>Sh</td> <td style="text-align: center;">888</td> <td style="text-align: center;">907</td> </tr> <tr> <td>Oil Sd</td> <td style="text-align: center;">907</td> <td style="text-align: center;">916</td> </tr> </tbody> </table> | Name | Top | Datum | Soil | 0 | 9 | Ls with Sh streaks | 9 | 259 | Sh with Ls streaks | 259 | 878 | Oil Sd | 878 | 888 | Sh | 888 | 907 | Oil Sd | 907 | 916 |
|--|--|-------|-----|-------|------|---|---|--------------------|---|-----|--------------------|-----|-----|--------|-----|-----|----|-----|-----|--------|-----|-----|
| Name | Top | Datum | | | | | | | | | | | | | | | | | | | | |
| Soil | 0 | 9 | | | | | | | | | | | | | | | | | | | | |
| Ls with Sh streaks | 9 | 259 | | | | | | | | | | | | | | | | | | | | |
| Sh with Ls streaks | 259 | 878 | | | | | | | | | | | | | | | | | | | | |
| Oil Sd | 878 | 888 | | | | | | | | | | | | | | | | | | | | |
| Sh | 888 | 907 | | | | | | | | | | | | | | | | | | | | |
| Oil Sd | 907 | 916 | | | | | | | | | | | | | | | | | | | | |

| 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 | # Sacs Used | Type and Percent Additives |
| Surface | 12" | 8" | 27 | 22' | common | 5 | None |
| Production | 6½" | 4½" | 10½" | 903 | common | 110 | None |

| 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 |
|----------------|---|---|---------|
| None | Open hole | Completed nateral | 907-916 |

| | | | | | |
|---|----------------|---|----------------------|---------------|--|
| TUBING RECORD | | Size 1" | Set At 912 | Packer At | Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Date of First, Resumerd Production, SWD or Enhr. 5-15-02 | | Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) | | | |
| Estimated Production Per 24 Hours | Oil Bbls. 1 | Gas Mcf | Water Bbls. Trace | Gas-Oil Ratio | Gravity 22 |

| | | |
|---|--|---------------------|
| Disposition of Gas | METHOD OF COMPLETION | Production Interval |
| <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" type="checkbox"/> Used on Lease (If vented, Sumit ACO-18.) | <input checked="" type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____ | |