

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form AGO 1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 6137
Name: Donald & Jack Ensminger
Address: 1446-3000 St.
City/State/Zip: Moran, Kansas 66755
Purchaser: C M I
Operator Contact Person: Donald Ensminger
Phone: (620) 496-2300 or 496-7181 Cell
Contractor: Name: Company Tools
License: 6137
Wellsite Geologist: _____

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW 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. _____

| | | |
|-----------------------------------|-----------------|---|
| <u>1-22-02</u> | <u>1-24-02</u> | <u>2-13-02</u> |
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |

API No. 15 - 15-001-289520000
County: Allen
W $\frac{1}{2}$ E $\frac{1}{2}$ NW - SW Sec. 34 Twp. 24 S. R. 20 East West
1975 feet from S / N (circle one) Line of Section
4400 feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Ensminger Well #: W-4A
Field Name: Moran
Producing Formation: Bartlesville
Elevation: Ground: Yes Kelly Bushing: _____
Total Depth: 870 Plug Back Total Depth: 853
Amount of Surface Pipe Set and Cemented at 22.5 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 853
feet depth to 0 w/ 110 sx cmt.

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.: _____

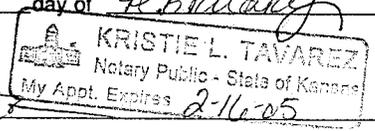
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side 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: _____ Date: _____

Subscribed and sworn to before me this 27 day of February

16 2002
Notary Public: Kristie L. Tavares
Date Commission 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: Donald & Jack Ensminger Lease Name: Ensminger Well #: W-4A
 Sec. 34 Twp. 24 S. R. 20 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 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:

Drillers Gamma & Neutron

Log Formation (Top), Depth and Datum Sample

| Name | Top | Datum |
|--------------------|-----|-------|
| Soil | 0 | 4 |
| Ls with Sh streaks | 4 | 238 |
| Sh with Ls streaks | 238 | 814 |
| Oil Sd. | 814 | 830 |
| Sh | 830 | 870 |

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 | # Sacs Used | Type and Percent Additives |
|-------------------|-------------------|---------------------------|-------------------|---------------|----------------|-------------|----------------------------|
| Surface | 12½ | 7" | 21 | 22½ | common | 40 | None |
| Caseing | 5 5/8 | 2½ | 6½ | 853 | 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 |
|----------------|---|---|---------|
| 2 | 814-831 | Fracked 500 G1 acid | 814-831 |

| TUBING RECORD | Size | Set At | Packer At | Liner Run |
|---------------|------|--------|-----------|--|
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Date of First, Resumerd Production, SWD or Enhr. | Producing Method |
|--|--|
| <u>When approved for injection</u> | <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. Gas Mcf Water Bbls. Gas-Oil Ratio Gravity |

Disposition of Gas **METHOD OF COMPLETION** Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
 (If vented, Sumit ACO-18.) Other (Specify)