

Sub

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

API NO. 15- 011-22,769

COPY

County Bourbon

-SW -SE -SE Sec. 5 Twp. 24S Rge. 22E E
U

Operator: License # 3449

Name: Coen Energy Corporation

Address 1807 N. Dixie Ave., Hwy. 212

City/State/Zip Elizabethtown, KY 42701

Purchaser: Crude Marketing, Inc.

Operator Contact Person: David S. Coen

Phone (502) 735-9265

Contractor: Name: XENIA CORPORATION

License: 4693

Wellsite Geologist: NONE

Designate Type of Completion

New Well Re-Entry Workover

Oil SWD S10W Temp. Abd,
 Gas ENHR S10E
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-Entry: old well info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PSTD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

11/2/92 11/6/96 N/A
Spud Date Date Reached TD Completion Date

495S Feet from (S)W (circle one) Line of Section

1155E Feet from (E)W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
NE, (SE) NW or SW (circle one)

Lease Name Scroggs Well # 14

Field Name BRONSON-XENIA

Producing Formation NONE

Elevation: Ground _____ KB _____

Total Depth 598' PSTD 589'

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 589'

feet depth to surface w/ 60 sx cnt.

Drilling Fluid Management Plan ALT 2 9/4 4-9-99
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used RECEIVED
KANSAS CORPORATION COMMISSION

Location of fluid disposal if hauled offsite:

APR 05 1999

Operator Name _____

Lease Name CONSERVATION DIVISION
WICHITA, KS

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, 200 Colorado Derby Building, 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 [Signature]

Title Supervisor Date 3/30/99

Subscribed and sworn to before me this 30 day of March, 19 99.

ary Public Linda S. Brownback

Date Commission Expires 2-5-2001

LINDA S. BROWNBACK
Notary Public - State of Kansas
My Appt. Expires 2-5-2001

K.C.C. OFFICE USE ONLY	
F <input checked="" type="checkbox"/>	Letter of Confidentiality Attached
C <input checked="" 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"/> NGPA
<input type="checkbox"/> KGS	<input type="checkbox"/> Plug <input checked="" type="checkbox"/> Other (Specify) <u>IS</u>

Operator Name Coen Energy Corporation

Lease Name Scroggs

Well # 14

Sec. 5 Twp. 24S Rge. 22E

East

County Bourbon

West

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 hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface during test. Attach extra 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:

*Gamma Ray
Neutron*

Log Formation (Top), Depth and Datum Sample

Name Top Datum

CASING RECORD <input 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		6 1/2"		20'	Portland		
Production		2 7/8"		589'	Portland	60	

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		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)	Depth

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

Date of First, Resumed Production, SWD or Inj. Temporarily Abandoned Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Par 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 Perf. Dually Comp. Commingled Other (Specify) Not completed

Production Interval NONE