

FORM MUST BE TYPED

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

COPY SIDE ONE

Best copy

CONFIDENTIAL

Operator: License # 7208

Name: LORAIN CLEAVER

Address: ROUTE # 2

City/State/Zip: COLONY, KANSAS 66015

Purchaser: EOTT ENERGY - ENRON

Operator Contact Person: BETTY THORNHILL

Phone () 316-365-2515

Contractor: Name: BLACK DIAMOND DRILLING

License: # 6056

Wellsite Geologist: NONE

Designate Type of Completion
 New Well Re-Entry Workover

Oil SWD SIGW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, USW, 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 _____ PBDT
 Commingled _____ Docket No. _____
 Dual Completion _____ Docket No. _____
 Other (SWD or Inj?) _____ Docket No. _____

Spud Date 10/1/94 Date Reached TD 10/28/94 Completion Date 10/28/94

API No. 15- 15-011228540000

County BOURBON

E/2-SW SE NW - VCC Sec. 07 Twp. 24 Rge. 22EE

1980 Feet from S (circle one) Line of Section

4125 Feet from E (circle one) Line of Section

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

Lease Name CHAS-MEDCALF Well # # 51

Field Name BRONSON-XENIA

Producing Formation None, yet

Elevation: Ground N/A KB N/A

Total Depth 723 PBDT N/A

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 723

feet depth to SURFACE w/ 125 sx cnt.

Drilling Fluid Management Plan ALT 2 89 9-21-95
(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, 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 XX Lorain Cleaver

Title OWNER Date 11/28/94

Subscribed and sworn to before me this 28th day of NOVEMBER, 1994.

Notary Public Betty Thornhill

Date Commission Expires 3/8/98

BETTY THORNHILL
Notary Public, State of Kansas
My Appt. Expires 3/8/98

STATE CORPORATION COMMISSION RECEIVED
K.C.C. OFFICE USE
F _____ Letter of Confidentiality
C _____ Wireline Log Received
C _____ Geologist Report Received
NOV 30 1994
Distrib. KCC SWD/KGS Plug
KANSAS OIL & GAS CONSERVATION DIVISION
WICHITA, KANSAS

536061

Driller Name **LORAIN CLEAVER**

Lease Name **CHAS MEDCALF**

Well # **51**

County **BOURBON**

Sec. **07** Twp. **24** Rge. **22**

East
 West

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem tests of 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 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.)
List All E.Logs Run: **EST**

ORIGINAL

Name	Top	Datum
SOIL & CLAY	0	4
LIME	4	131
SHALE	309	380
BL. SHALE	472	479
SNDY SHALE W/LITE		
ODOR	669	670
GOOD OIL SAND	670	678
SHALE	678	723 TD
CORE 669-680		

CASING RECORD

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	6"		20	60/40 PORTLAND	5 SACKS	2% GEL
PRODUCTION	5 5/8	7 7/8		723	60/40	125	2% GEL

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				

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

* WELL WAS DRILLED AND CEMENTED TO THE TOP, HAS NOT BEEN LOGGED AND PERF. BUT THIS WELL WILL BE COMPLETED AND MADE INTO A PRODUCER LATER. **

TUBING RECORD

Size **2 7/8** Set At **719** Packer At _____ Liner Run Yes No

Date of First, Resumed Production, SWD or Inj. **N/A** 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 Partially Dually Comp. Commingled Other (Specify)

Production Interval _____