

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 # 6137

Name: Donald & Jack Ensminger

Address: 1446-3000 St.

City/State/Zip: Moran, Kansas 66755

Purchaser: Crude Marketing

Operator Contact Person: Don Ensminger

Phone: (316) 496-2300 or 496-7181 Cell

Contractor: Name: Company tools

License: 6137

RECEIVED

Wellsite Geologist:

MAR 08 2004

Designate Type of Completion:

New Well Re-Entry Workover

KCC WICHITA

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. _____

12-12-03 12-15-03 1-14-04

Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-001-29036

County: Allen

SE NE NE SW Sec. 14 Twp. 25 S. R. 19 East West

1985 feet from S / N (circle one) Line of Section

4185 2970 feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: Scott Well #: B-20

Field Name: Moran

Producing Formation: Bartlesville

Elevation: Ground: Ground Kelly Bushing: _____

Total Depth: 899 Plug Back Total Depth: 896

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 896 w/ 100 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content 125 ppm Fluid volume _____ bbls

Dewatering method used Air dry backfill & level

Location of fluid disposal if hauled offsite:

Operator Name: _____

Lease Name: _____ License No. _____

Quarler _____ 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

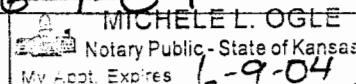
Title: Owner Date: 3-4-04

Subscribed and sworn to before me this 4 day of March

2004

Notary Public: Michelle L. Ogle

Date Commission Expires: 6-9-04



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: Scott Well #: B-20
 Sec. 14 Twp. 25 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 (Attach Additional Sheets)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log Formation (Top), Depth and Datum	<input checked="" 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	Soil	0 1468
Electric Log Run (Submit Copy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	LS with Sh streaks	14 268
List All E. Logs Run:		Sh with LS streaks	268 839
		Oil Sd	839 880
		Sh	880 899 TD

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	10 1/2"	7"	21	20'	Common	5 Sx	None
Production	5 5/8	2 7/8	6.5	896	Common	100	None

ADDITIONAL CEMENTING / SQUEEZE RECORD							
Purpose: Perforate Protect Casing Plug Back TD Plug Off Zone	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives			

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	21 shots 846-856			100 gal. acid 30 sx sand			
				120 bbl. gelled water			846-856

TUBING RECORD	Size 1"	Set At 865	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Enhr. 1-20-04	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. 12	Gas Mcf trace	Water Bbls. 6	Gas-Oil Ratio	Gravity 24

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, Submit ACO-16.)	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled _____	<input type="checkbox"/> Other (Specify) _____		