

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

operator: license # 31751Name: John E. GalemoreAddress P.O. Box 151City/State/Zip Chanute, Kansas 66720urchaser: Farmlandoperator Contact Person: SamePhone (918) 629-1776ntractor: Name: T&S Well ServiceLicense: 32450ellsite Geologist: Noneesignate Type of Completion
 New Well Re-Entry Workover Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

Workover/Reentry: Old Well Info as follows:

Operator: _____

Well Name: _____

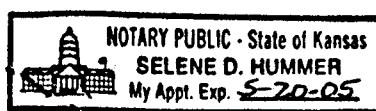
Comp. Date _____ Old Total Depth _____Deepening Re-perf. Conv. to Inj/SWD
Plug Back _____ PBDCannigled _____ Docket No. _____Dual Completion _____ Docket No. _____Other (SWD or Inj?) _____ Docket No. _____i-21-01 6-13-01 7-30-01
ud Date Date Reached TD Completion DateAPI NO. 15- 133-25673-0000County Neosho X ESW - SE - Sec. 29 Twp. 27 Rge. 191125 Feet from S/N (circle one) Line of Section2808 Feet from E/W (circle one) Line of SectionFootages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)Lease Name Beale Well # 27-GField Name Chanute-HumboldtProducing Formation CattlemanElevation: Ground _____ KB _____Total Depth 800 PBD _____Amount of Surface Pipe Set and Cemented at 20 FeetMultiple Stage Cementing Collar Used? _____ Yes No If yes, show depth set _____ FeetIf Alternate II completion, cement circulated from 0feet depth to 800 w/ 115 sx cmt.Drilling Fluid Management Plan Alt II 9/5/01 AB
(Data must be collected from the Reserve Pit)Chloride content _____ ppm Fluid volume _____ bblsDewatering 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, 130 S. Market Room 207B, 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 2 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.

I 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.

nature John E. Galemore
title Owner Date 8-17-01scribed and sworn to before me this 17 day of August, 2001.ary Public Selene D. Hummerte Commission Expires May 20 2005

<input checked="" type="checkbox"/> F	K.C.C. OFFICE USE ONLY	
<input checked="" type="checkbox"/> C	Letter of Confidentiality Attached	
<input checked="" type="checkbox"/> C	Wireline Log Received	
<input checked="" type="checkbox"/> C	Geologist Report Received	
Distribution		
<input type="checkbox"/> KCC	<input type="checkbox"/> SWD/Rep	<input checked="" type="checkbox"/> NGPA
<input type="checkbox"/> KGS	<input type="checkbox"/> Plug	<input checked="" type="checkbox"/> Other (Specify) <u>IDG</u>



Operator Name John GalemoreLease Name BealeWell # 27-G EastCounty NeoshoSec. 29 Twp. 27 Rge. 19 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 level, 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.

Well Stem Tests Taken (Attach Additional Sheets.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log Formation (Top), Depth and Datums	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top
ores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cattleman	Datum
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	640 - 652	
ist All E.Logs Run:			

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	# Sacks Used	Type and Percent Additives
Surface	10 in.	7 in.		20 ft.	Portland	5	None
Casing	6 in.	2 7/8		726	Portland	115	AB KCC

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
Perforate				
Protect Casing				
Plug Back TD				
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 shots	Perf.	640 - 652		FVAC	25 Sacks		640-652

SPRING RECORD	Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	27 7/8	726			

Site of First, Resumed Production, SWD or Inj.	Producing Method	<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
		5				10		29

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