

KANSAS

WELL COMPLETION REPORT AND DRILLER'S LOG

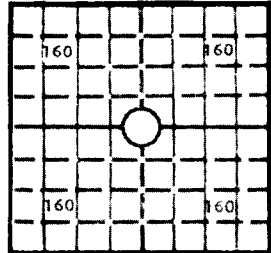
State Geological Survey

S. ~~WICHITA~~ BRANCH

Loc. 5 1/2 SE 1/4

County Neosho

640 Acres
N



Elev.: Gr. _____

DF _____ KB _____

A 15 _____
County Number

Operator Petro - American, Inc.
Address P. O. Box 793, Chanute, KS

Well No. 1 Lease Name Nisbert

Footage Location
feet from (N) (S) line _____ feet from (E) (W) line _____

Principal Contractor _____ Geologist _____

Spud Date 9/7/80 Date Completed 9/11/80 Total Depth 864 P.B.T.D. _____

Directional Deviation _____ Oil and/or Gas Purchaser _____

CASING RECORD

Report of all strings set — surface, intermediate, production, etc.

Purpose of string	Size hole drilled	Size casing set (in O.D.)	Weight lbs/ft.	Setting depth	Type cement	Sacks	Type and percent additives
<u>Surface</u>	<u>5 1/4"</u>	<u>6"</u>		<u>10'</u>			

LINER RECORD

PERFORATION RECORD

Top, ft.	Bottom, ft.	Sacks cement	Shots per ft.	Size & type	Depth interval

TUBING RECORD

Size	Setting depth	Packer set at

ACID, FRACTURE, SHOT, CEMENT SQUEEZE RECORD

Amount and kind of material used	Depth interval treated

INITIAL PRODUCTION

Date of first production _____		Producing method (flowing, pumping, gas lift, etc.) _____			
RATE OF PRODUCTION PER 24 HOURS	Oil _____ bbls.	Gas _____ MCF	Water _____ bbls.	Gas-oil ratio _____ CFPB	
Disposition of gas (vented, used on lease or sold) _____			Producing interval(s) _____		

INSTRUCTIONS: As provided in KCC Rule 82-2-125, within 90 days after completion of a well, one completed copy of this Drillers Log shall be transmitted to the State Geological Survey of Kansas, 4150 Monroe Street, Wichita, Kansas 67209. Copies of this form are available from the Conservation Division, State Corporation Commission, 245 No. Water, Wichita, Kansas 67202. Phone AC 316-522-2206. If confidential custody is desired, please note Rule 82-2-125. Drillers Logs will be on open file in the Oil and Gas Division, State Geological Survey of Kansas, Lawrence, Kansas 66044.

Operator _____ DESIGNATE TYPE OF COMP.: OIL, GAS, DRY HOLE, SWDW, ETC.:

Well No. _____ Lease Name _____

S _____ T _____ R _____ E _____ W _____

WELL LOG
Show all important zones of porosity and contents thereof; cored intervals, and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries.

SHOW GEOLOGICAL MARKERS, LOGS RUN, OR OTHER DESCRIPTIVE INFORMATION.

FORMATION DESCRIPTION, CONTENTS, ETC.	TOP	BOTTOM	NAME	DEPTH
USE ADDITIONAL SHEETS, IF NECESSARY, TO COMPLETE WELL RECORD.				

Date Received _____

Signature _____
Title _____
Date _____