

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 # 3746
Name: REX H. CAMBERN
Address: 2332 N. RIDGEFIELD CIR
City/State/Zip: WICHITA, KS. 67205
Purchaser: MACLASKEY
Operator Contact Person: REX CAMBERN
Phone: (316) 722-4523
Contractor: Name: SUMMIT DRLG.
License: 30141
Wellsite Geologist: WILLIAM STOUT

Designate Type of Completion:
 New Well Re-Entry Workover
 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. _____

5/17/01 5/25/01 6/25/01
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 015-23590
County: BUTLER
S/2 SW NW Sec. 14 Twp. 27 S. R. 7 East West
2970 feet from S / N (circle one) Line of Section
4620 feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: LUCAS Well #: 8
Field Name: KEIGHLEY NW
Producing Formation: BARTLESVILLE
Elevation: Ground: 1428 Kelly Bushing: 1438
Total Depth: 3180 Plug Back Total Depth: 3125
Amount of Surface Pipe Set and Cemented at 225 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan ABE/WR 9.11.03
(Data must be collected from the Reserve Pit)
Chloride content 900 ppm Fluid volume 750 bbls
Dewatering method used EVAPORATION
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ 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: Rex Cambern
Title: OPERATOR Date: 9-5-01
Subscribed and sworn to before me this 5 day of SEPT.
Notary Public: Robert Ruskopf

KCC Office Use ONLY
 Letter of Confidentiality Attached
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

Operator Name: REX H. CAMBERN

Lease Name: LUCAS

Well #: 8

Sec. 14 Twp. 27 S. R. 7 East West

County: BUTLER

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 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
DUAL COMPENSATED POROSITY INDUCTION LOGS

Log Formation (Top), Depth and Datum Sample

Name	Top	Datum
LANSING	1698	-265
KANSAS CITY	2002	-569
CHEROKEE	2457	-1024
BART. SAND	2625	-1192
MISSISSIPPI	2718	
VIOLA	3095	
R.T.D. ¹⁶⁶⁷ 1747	3180	

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	# Sacs Used	Type and Percent Additives
SUEFACE	10 5/8	8 5/8	28	225	CLASS A	129	3% CC
PRODUCTION	7 1/2	5 1/2	14 1/2	3125	60/40 POZ	179	2 % GEL

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
1	3094 TO 3095, 2 SHOTS	300 GAL. 20% MUD ACID	

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2 7/8	3075		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumerd Production, SWD or Enh.	Producing Method	Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
6/20/01	<input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		10		100		36

Disposition of Gas **METHOD OF COMPLETION** Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
(If vented, Sumit ACO-18.) Other (Specify)