

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

Operator: License # # 7208

Name: LORAIN CLEAVER

Address 700 TEXAS ROAD

City/State/Zip COLONY, KANSAS 66015

Purchaser: PLAINS

Operator Contact Person: BETTY THORNHILL

Phone (620) 365-2515

Contractor: Name: LORAIN CLEAVER OIL

License: # 6056

Wellsite Geologist: NONE

Designate Type of Completion  
 New Well  Re-Entry  Workover

Oil  SVD  SIOW  Temp. Abd.  
 Gas  ENHR  SIGW  
 Dry  Other (Core, MSW, Expl. & Seismic, etc)

If Workover/Re-Entry: old well info as follows:

Operator: \_\_\_\_\_

Well Name: \_\_\_\_\_

Comp. Date \_\_\_\_\_ Old Total Depth \_\_\_\_\_

Deepening  Re-perf.  Conv. to Inj/SVD  
 Plug Back  PSTD  
 Commingled  Docket No. \_\_\_\_\_  
 Dual Completion  Docket No. \_\_\_\_\_  
 Other (SVD or Inj?)  Docket No. \_\_\_\_\_

11/15/01 11/26/01  
Spud Date Date Reached TD Completion Date

API NO. 15- 125300640000

County MONTGOMERY COUNTY

NE-SE SE NW Sec. 7 Twp. 32S Rge. 17E  E

2145 N Feet from S/W (circle one) Line of Section

2475 W Feet from E/W (circle one) Line of Section

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

Lease Name PAUL BIRD Well # 16

Field Name COFFEYVILLE/CHERRYVALE

Producing Formation BARTLESVILLE

Elevation: Ground N/A KB \_\_\_\_\_

Total Depth 761 PSTD \_\_\_\_\_

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 761

feet depth to SURFACE w/ 103 sx cmt.

Drilling Fluid Management Plan  
(Data must be collected from the Reserve Pit)

Chloride content \_\_\_\_\_ ppm Fluid volume \_\_\_\_\_ bbls

Deaerating 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 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 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  Lorain Cleaver  
Title OWNER Date 2/4/02

Subscribed and sworn to before me this 4TH day of FEBRUARY, 19 2002

Notary Public BETTY THORNHILL Betty Thornhill

Date Commission Expires 3/8/2002

BETTY THORNHILL  
Notary Public - State of Kansas

K.C.C. OFFICE USE ONLY  
F  Letter of Confidentiality Attached  
C  Wireline Log Received  
C  Geologist Report Received  
Distribution  
KCC \_\_\_\_\_ SVD/Rep \_\_\_\_\_ NGPA \_\_\_\_\_  
KGS \_\_\_\_\_ Plug \_\_\_\_\_ Other \_\_\_\_\_  
(Specify)

Operator Name LORAIN CLEAVER OIL Lease Name PAUL BIRD Well # 16

Sec. 7 Twp. 32S Rge. 17E  East County MONTGOMERY

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.

Drill Stem Tests Taken (Attach Additional Sheets.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	LIME	0	24
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	SANDY SHALE	235	240
List All E.Logs Run:		BIG SHALE	290	426
DRILLERS LOG		LIME	500	533
CORE 706-726		BL SHALE	550	557
SEATING NIPPLE 708		SAND W/ LITE ODOR	707	712
		SAND BROKEN W/GOOD SHOW	712	723
		SHALE	723	761 TD

CASING RECORD <input 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	# Sacks Used	Type and Percent Additives
SURFACE	9	6"		20	PORTLAND	4	SACKS PREM GEL.
					50/50 POZ		
PRODUCTION	5 7/8	2 7/8		761	PORTLAND	103	SACKS PREM 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				

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
	HAS NOT BEEN FRAC. OR PERF.		T.A.		

TUBING RECORD		Size	Set At	Packer At	Liner Run		
		2 7/8	761	N/A		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or Inj.			Producing Method				
T.A.			<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> T.A. <input type="checkbox"/> Other (Explain)				
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Water	Bbls.	Gas-Oil Ratio
							Gravity

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