

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

Operator: License # 9313

Name: James D. Lorenz

Address: 543A 22000

City/State/Zip Cherryvale, KS 67335

Purchaser: n/a

Operator Contact Person: James D. Lorenz

Phone (316) 328-4433

Contractor: Name: L & S Well Service

License: 32450

Wellsite Geologist: none

Designate Type of Completion

New Well Re-Entry Workover

Oil SWD SLOW Temp. Prod.

Gas ENHR SIGW

Dry Other (Core, WSW, Expl., Cathodic, etc.)

If Workover:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Deepening Re-perf. Conv. to Inj/SWD

Plug Back PBTB

Commingled _____ Docket No. _____

Dual Completion _____ Docket No. _____

Other (SWD or Inj?) _____ Docket No. _____

10/13/00 10/14/00 10/17/00
Spud Date Date Reached TD Completion Date

API NO. 15- 099-23132-0000

County Labette

E 70' S/2 S/2 SE 4 Twp. 32 Rge. 19 E

330' Feet from SW (circle one) Line of Section

1,250' 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 Tanner Well # 1

Field Name _____

Producing Formation NONE

Elevation: Ground _____ KB _____

Total Depth 414' PBTB _____

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 _____

feet depth to _____ w/ _____ sx cmt.

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

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering 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. _____

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
Wichita, Kansas

DEC 2000

RECEIVED
STATE CORPORATION COMMISSION

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 Helen L. Lorenz Helen L. Lorenz

Title Agent Date 11-30-00

Subscribed and sworn to before me this 30th day of November, 2000.

Notary Public Georgia L. Splane

Date Commission Expires 10/22/02

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

GEORGIA L. SPLANE
Notary Public - State of Kansas
My Appt. Expires 10/22/02

Operator Name James D. Lorenz

Lease Name Tanner

Well # 1

Sec. 8 Twp. 32 Rge. 19

East

County Labette

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 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:

Log Formation (Top), Depth and Datums Sample
Name Top Datum

CASING RECORD <input type="checkbox"/> New <input checked="" 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	10"	7"		0-20'	Portland	5 Sks	NONE

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

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No

Date of First, Resumed Production, SWD or Inj. _____ Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____