

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

Operator: License # 32512

Name: Foster Gas Corporation, A  
Texas Corporation  
Address HC 30, Box 218

City/State/Zip Brownwood, Texas 76801Purchaser: Crude MarketingOperator Contact Person: Thomas LewisPhone (915) 784-9018Contractor: Name: Mokat Don ThorntonLicense: 5831Wellsite Geologist: N/A

Designate Type of Completion

 New Well  Re-Entry  Workover

<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> SWD	<input type="checkbox"/> SICW	<input type="checkbox"/> Temp. Abd.
<input type="checkbox"/> Gas	<input type="checkbox"/> ENHR	<input type="checkbox"/> SIGU	
<input type="checkbox"/> Dry	Other (Core, WSW, Expl., Cathodic, etc)		

f Workover:

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

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

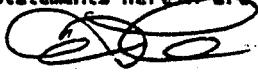
Comp. Date 06-27-00 Old Total Depth 8-15-00 KCC

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

End Date 06-27-00 Date Reached TD 09-2000 DFW Completion Date

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 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, the undersigned, declare that the 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 Title President Date 9/24/00

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

Notary Public \_\_\_\_\_

Commission Expires \_\_\_\_\_

API NO. 15- 099-23 150County LabetteW/2- SE-NE - Sec. 12 Twp. 33 Rge. 17 X E3280 Feet from S/N (circle one) Line of Section1061 Feet from E/W (circle one) Line of SectionFootages Calculated from Nearest Outside Section Corner:  
NE, SE, NW or SW (circle one)Lease Name Ruttaen Well # 1BField Name PriceProducing Formation BartlesvilleElevation: Ground KBTotal Depth 758 PSTDAmount of Surface Pipe Set and Cemented at 20 FeetMultiple Stage Cementing Collar Used? Yes  No 

If yes, show depth set \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from 758feet depth to Surface w/ 150 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

ART II (?)  
3-12-03 DFW

RECEIVED

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

Dewatering method used \_\_\_\_\_ MAR 25 2000

Location of fluid disposal if hauled off

KCC WICHITA

Operator Name \_\_\_\_\_

Lease Name \_\_\_\_\_ License No. \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S Rng. \_\_\_\_\_ E/W

County \_\_\_\_\_ Docket No. \_\_\_\_\_

K.C.C. OFFICE USE ONLY  
 NC Letter of Confidentiality Attached  
 NO Wireline Log Received  
 NO Geologist Report Received

Distribution

<input type="checkbox"/> KCC	<input type="checkbox"/> SWD/Rep	<input type="checkbox"/> NCPA
<input type="checkbox"/> KGS	<input type="checkbox"/> Plug	<input type="checkbox"/> Other (Specify)

Operator Name FGC ATC

SIDE TWO

Sec. 12 Twp. 33 Rge. 17 East WestLease Name RuttenWell # 1BCounty Lambette

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.) Yes  No Log Formation (Top), Depth and Datums Sample

Samples Sent to Geological Survey

 Yes  NoName Gamma Ray Top 4.0 Datum

Cores Taken

 Yes  NoName Gamma Ray Top 4.0 Datum

Ground Level

Electric Log Run  
(Submit Copy.) Yes  No

List All E.Logs Run:

Gamma Ray

## 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	11	85/8	35	20	Portland	10	
Production	63/4	4½		758	Portland	150	

## 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	1 Shot 21/8 Alum at 725	Acid - 15% HCL	728-735
	8 Shots 21/8 Alum 728-735		

STRING RECORD	Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	23/8	726			

DATE OF FIRST, RESUMED PRODUCTION, SUD OR INJ.	Producing Method	<input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
August 15, 2000		

Estimated Production Per 24 Hours	Oil	Sbts.	Gas	McF	Water	Sbts.	Gas-Oil Ratio	Gravity
	1bpd	0	0	✓		30WPD		

POSITION OF GAS:	METHOD OF COMPLETION	Production Interval
Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, submit ACO-1B.)	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Casingaled	
	<input type="checkbox"/> Other (Specify)	