

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

KCC WICHITA

Operator: License # 6101
Name: TEICHGRAEBER OIL, INC
Address: 700 N MAIN
City/State/Zip EUREKA, KS 67045

Purchaser: _____
Operator Contact Person: R K TEICHGRAEBER
Phone (620) 583-7500

Contractor: Name: C & G DRILLING
License: 32701
Wellsite Geologist: IVAN STUBER

Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD SIDW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-Entry: old well info as follows:
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. _____
7-23-02 7-28-02
Spud Date Date Reached TD Completion Date

API NO. 15- 035-24166-00-00
County COWLEY
-sw - ne - ne Sec. 4 Twp. 34S Rge. 8 E W
990 Feet from S/W (circle one) Line of Section
990 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 FULSOM Well # 1
Field Name FULSOM
Producing Formation MISSISSIPPI
Elevation: Ground 1101 KB _____
Total Depth 2470 PBTB _____
Amount of Surface Pipe Set and Cemented at 132 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
(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. _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, 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 [Signature]
Title owner/operator Date 9-20-02
Subscribed and sworn to before me this 20th day of September.
Notary Public [Signature]
Date Commission Expires 05-19-2004
JANET L. TURNER
Notary Public - State of Kansas
My Appt. Expires 5-19-2004

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

Operator Name TEICHGRAEBER OIL, INC Lease Name FULSOM Well # 1

Sec. 4 Twp. 34S Rge. 8 East West
 County COWLEY

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:

Name	Formation (Top), Depth and Datums		Sample
	Top	Datum	
Kansas City	1811	-806	
ALTAMONT	1979	-974	
Pawnee	2084	-1079	
Ft Scott	2130	-1125	
Cherokee	2170	-1165	
Cattleman	2245	-1240	
Mississippi	2439	-1434	
TD	2470		

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		8 5/8		132		65	
PRODUCTION	6 5/8	5 1/2		2470		100	

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	Acid, Fracture, Shot, Cement Squeeze Record
	Specify Footage of Each Interval Perforated	(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 <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> 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 _____