

Sub.

2125

SIDE ONE

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

Operator: License # 30406
Name: BOB MARTIN
Address R.R.#1, BOX 225
WANN, OKLAHOMA 74083
City/State/Zip _____
Purchaser: CMT - TYRO KS
Operator Contact Person: BOB MARTIN
Phone (918) 944-6106

Contractor: Name: NA
License: NA
Wellsite Geologist: OLD HOLE NA KCC

Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD Temp. Abd.
 Gas Inj Delayed Comp.
 Dry Other (Core, Water Supply, etc.)
WAS IS P+A

If **OWMO**: old well info as follows:
Operator: _____
Well Name: _____
Comp. Date _____ Old Total Depth _____

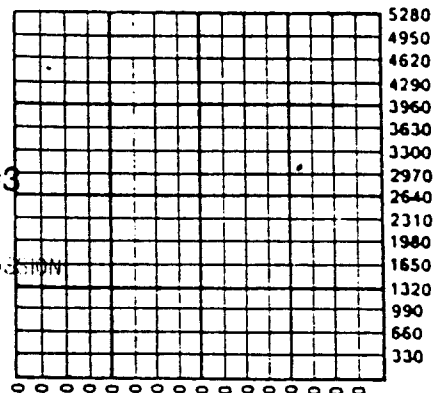
Drilling Method:
 Mud Rotary Air Rotary Cable
NA NA NA 3-8-91
d Date Date Reached TD Completion Date

API NO. 15- NA
County MONTGOMERY

S1 NE1 LOT 1 Sec. 13 Twp. 35 Rge. 15 East
 West
3052 Ft. North from Southeast Corner of Section
1142 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)

Lease Name ENLOE Well # 15
Field Name JEFFERSON/DEARING

Producing Formation Pine
Elevation: Ground NA KB NA
Total Depth 625 PBTD NA



RECEIVED
District #3

RECEIVED
JUN 10 1991

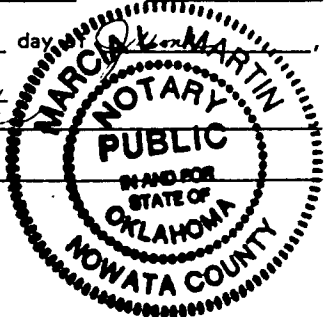
RECEIVED
JUN 11 1991

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 625 TO SURFACE / 25 sx cmt.

INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date of any well. Rule 82-3-130, 82-3-107 and 82-3-106 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 drillers time log 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. Any recompletion, workover or conversion of a well requires filing of ACO-2 within 120 days from commencement date of such work.

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 Bob Martin
Title _____ Date 6-4-91
Subscribed and sworn to before me this 4 day
19 91.
Notary Public Marcia L. Martin
Date Commission Expires 5-24-95



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

SIDE TWO

Operator Name BOB MARTIN Lease Name ENLOE Well # 15
 Sec. 13 Twp. 35 Rge. 15 East West
 County MONTGOMERY

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 <input type="checkbox"/> Yes <input type="checkbox"/> No (Attach Additional Sheets.) Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy.) <p style="text-align: center;">NA</p>	<p style="text-align: center;">Formation Description</p> <p style="text-align: center;"><input type="checkbox"/> Log <input type="checkbox"/> Sample</p> <p style="text-align: center;">Name Top Bottom</p> <p style="text-align: center;">NA</p>
--	---

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
NA							
PERFORATION RECORD				Acid, Fracture, Shot, Cement Squeeze Record			
Shots Per Foot	Specify Footage of Each Interval Perforated			(Amount and Kind of Material Used)		Depth	
NA							
TUBING RECORD				Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date of First Production	Producing Method	Size	Set At	Packer At			
	<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, Perforation, Dually Completed, Commingled

Other (Specify) _____

Production Interval _____

