

**COPY**

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

Operator: License # 03622

Name: Independent Investors, Inc.

Address Route 4, Box 178

City/State/Zip Sabetha, KS 66534

Purchaser: N/A

Operator Contact Person: Bob Scoby

Phone (913) 467-5852

Contractor: Name: Summit Drilling

License: 30141

Website Geologist: Greg Owen

Designate Type of Completion  
 New Well  Re-Entry  Workover

Oil  SWD  SIOW  Temp. Abd.  
 Gas  ENHR  SIGW  
 Dry  Other (Core, WSW, Expl., Cathodic, etc)

If Workover:

Operator: BLD B 1005

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

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

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

Spud Date 9/29/95 Date Reached TD 10/10/95 Completion Date \_\_\_\_\_

API NO. 15- 013-200240000

County Brown

Ctr-s/2- NW - Sec. 6 Twp. 35 Rge. 15  E  W

2050 Feet from S/N (circle one) Line of Section

1350 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 Scoby Well # 2

Field Name WILDCAT

Producing Formation None

Elevation: Ground 1257 KB 1264' (Datum)

Total Depth 3790 PBTD \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at 263 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 DAA 9/4 5-1-96  
(Data must be collected from the Reserve Pit)

Chloride content 8000 ppm Fluid volume 600 bbls

Dewatering method used EVAPORATION

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.

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 Tim R Scott

Title Pres Date 12-27-95

Subscribed and sworn to before me this 27th day of December, 19 95.

Notary Public Gregory A. Jackson

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

NOTARY PUBLIC  
STATE OF KANSAS  
GREGORY A. JACKSON  
My Appt. Exp. 12-20-99

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

LOG

449502

Operator Name Independent Investors, Inc. Lease Name Scoby Well # 2

Sec. 6 Twp. 35 Rge. 15  East  West County Brown

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  
Samples Sent to Geological Survey  Yes  No  
Cores Taken  Yes  No  
Electric Log Run (Submit Copy.)  Yes  No  
List All E.Logs Run: NONE

| Name               | Top  | Datum |
|--------------------|------|-------|
| Lansing            | 1345 | -84   |
| Base K.C.          | 1758 | -494  |
| Miss. Unconformity | 2677 | -1413 |
| Kinderhook         | 2838 | -1574 |
| Hunton             | 3113 | -1849 |
| Maquoketa          | 3710 | -2446 |
| Viola              | 3763 | -2499 |

| 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   | 12 1/4"           | 8 5/8                     | 24              | 263           | Reg            | 160          | 3%CaCl                     |
|   |                   |                           |                 |               |                |              |                            |
|   |                   |                           |                 |               |                |              |                            |

| 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, SMD or Inj. D&A Producing Method  Flowing  Pumping  Gas Lift  Other (Explain)

| Estimated Production Per 24 Hours | Oil <u>N/A</u> Bbls. | Gas <u>N/A</u> Mcf | Water <u>N/A</u> 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 \_\_\_\_\_