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COPY

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 # 5042
Name: Edmiston Oil Co., Inc.
Address 125 N. Market, Suite 1260

City/State/Zip Wichita, KS 67202-1774
Purchaser: Texaco Trading & Transportation
Operator Contact Person: Jon M. Callen
Phone (316) 265-5241

Contractor: Name: McGown Drilling Co.
License: 5786
Wellsite Geologist: Max Lovely

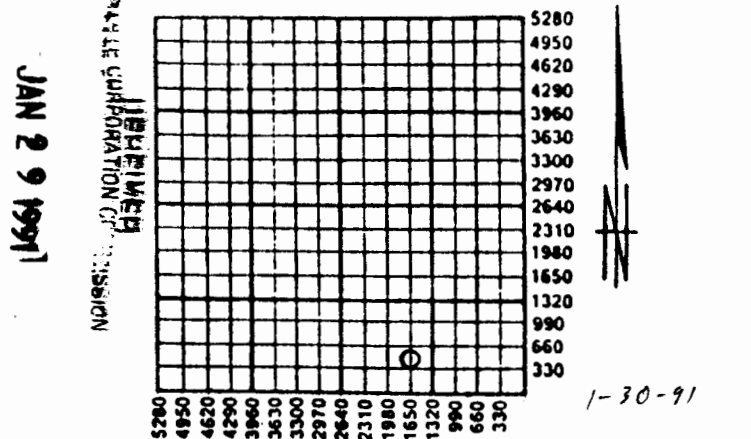
Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD Temp. Abd.⁺
 Gas Inj Delayed Comp.
 Dry Other (Core, Water Supply, etc.)

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

Drilling Method:
 Mud Rotary Air Rotary Cable
11/21/90 11/30/90 1/22/91
Spud Date Date Reached TD Completion Date

API NO. 15- 103-21,207
County Leavenworth
SE SW SE Sec. 17 Twp. 8 Rge. 21 East
500 Ft. North from Southeast Corner of Section
1650 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)
Lease Name Heintzelman Well # 5
Field Name Easton NE
Producing Formation Cherokee
Elevation: Ground 1055 KB _____
Total Depth 1546 PBD 1543

CONSERVATION DIVISION
Wichita, Kansas



Amount of Surface Pipe Set and Cemented at 82' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 1544
feet depth to surface w/ 250 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 Jon M. Callen
Title President Date 1/29/91
Subscribed and sworn to before me this 29th day of January,
19 91.
Notary Public Julianne Thompson
Date Commission Expires November 5, 1994

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



SIDE TWO

Operator Name Edmiston Oil Co., Inc. Lease Name Heintzelman Well # 5
 Sec. 17 Twp. 8 Rge. 21 East County Leavenworth
 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Attach Additional Sheets.) Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy.)	<p style="text-align: center;">Formation Description</p> <p><input checked="" type="checkbox"/> Log <input type="checkbox"/> Sample</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Bottom</th> </tr> </thead> <tbody> <tr> <td>BKC</td> <td></td> <td>700+355</td> </tr> <tr> <td>Cherokee</td> <td>938+117</td> <td></td> </tr> <tr> <td>Mississippi</td> <td>1464-409</td> <td></td> </tr> <tr> <td>Total Depth</td> <td>1546-491</td> <td></td> </tr> </tbody> </table>	Name	Top	Bottom	BKC		700+355	Cherokee	938+117		Mississippi	1464-409		Total Depth	1546-491	
Name	Top	Bottom														
BKC		700+355														
Cherokee	938+117															
Mississippi	1464-409															
Total Depth	1546-491															

CASING RECORD <input type="checkbox"/> New <input checked="" type="checkbox"/> Used Good							
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		82'		50	
Production	7-7/8	5 1/2		1543		250	

Shots Per Foot	PERFORATION RECORD Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
4	1418-26	Acid: 100 gal. 15% Frac: 1000 lbs. 12/30 sand 4000 lbs. 10/20 sand 1000 lbs. 8/12 sand 2000 lbs. 8/12 sand	1418-26 " " " "

TUBING RECORD	Size 2-3/8	Set At 1418'	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First Production 1-23-91	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)				
Estimated Production Per 24 Hours	Oil Bbls. 43	Gas Mcf	Water Bbls. 7	Gas-Oil Ratio	Gravity 22

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 _____

