

RELEASED

SIDE ONE

21-8-22E 1124186

1-24-87 ✓

STATE CORPORATION COMMISSION OF KANSAS
GAS CONSERVATION DIVISION
WELL COMPLETION OR RECOMPLETION FORM
FROM CONFIDENTIAL ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

API NO. 15-...103-20,395...
County...Leavenworth...
SW... SE... SE... Sec. 21 Twp. 8S Rge. 22 X East
West

Operator: License # 9803
Name Wykoma Oil, Inc.
Address P.O. BOX 838
City/State/Zip Pine Bluffs, WY 82082

330
990
Ft North from Southeast Corner of Section
Ft West from Southeast Corner of Section
(Note: Locate well in section plat below)

Purchaser
Operator Contact Person Kenneth D. Spear
Phone 316-721-0572

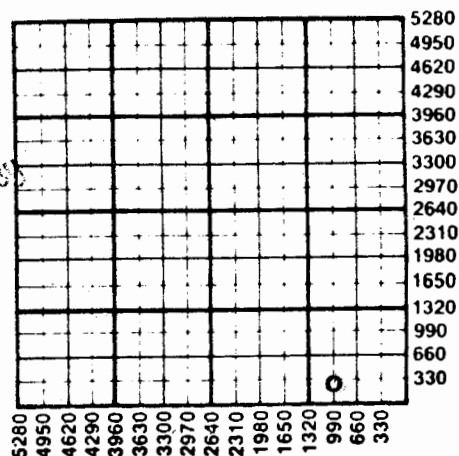
Lease Name...Leber... Well #...1-21

Contractor: License # 7982
Name Fred Berkenfeldt
Wellsite Geologist Kenneth D. Spear
Phone 316-721-0572

Field Name
Producing Formation NONE
Elevation: Ground 990' KB

Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD Temp Abd
 Gas Inj Delayed Comp.
 Dry Other (Core, Water Supply etc.)
If ONWO: old well info as follows:
Operator
Well Name
Comp. Date Old Total Depth

Section Plat



WATER SUPPLY INFORMATION

Disposition of Produced Water: Disposal Repressuring
Docket #

WELL HISTORY

Drilling Method:
 Mud Rotary Air Rotary Cable
7-11-85... 7-25-85... 10-24-85...
Spud Date Date Reached TD Completion Date
1450'
Total Depth PBTD
Amount of Surface Pipe Set and Cemented at 94 feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set... feet
If alternate 2 completion, cement circulated from n/a... feet depth to... w/... SX cmt
Cement Company Name Consolidated Services
Invoice #

Questions on this portion of the ACO-1 call:

Water Resources Board (913) 296-3717
Source of Water:
Division of Water Resources Permit #
Groundwater...Ft North from Southeast Corner (Well) ...Ft West from Southeast Corner of Sec Twp Rge East West
Surface Water...Ft North from Southeast Corner (Stream, pond etc)...Ft West from Southeast Corner Sec Twp Rge East West
Other (explain) (purchased from city, R.W.D. #)

INSTRUCTIONS: This form shall be completed in duplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 90 days after completion or recompletion of any well. Rule 82-3-130 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 drillers time log shall be attached with this form. 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

Operator Name **WYKOMA OIL, INC.** Lease Name **Leber** Well # **1-21**

Sec. **21** Twp. **8S** Rge. **22** East West County **Leavenworth**

WELL LOG

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
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No

Formation Description
 Log Sample

Name Top Bottom

BKC 650'
 Mississippian not reached

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	9 5/8"	7"	15	94'	Common	57	2% CaCl
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PERFORATION RECORD

Acid, Fracture, Shot, Cement Squeeze Record

Shots Per Foot	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)	Depth
NONE
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TUBING RECORD	Size	Set At	Packer at	Liner Run	<input type="checkbox"/> Yes <input type="checkbox"/> No
NONE					

Date of First Production **NONE** Producing Method Flowing Pumping Gas Lift Other (explain).....