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 # 04925

Name: Bolinger Enterprises

Address Box 134

City/State/Zip Mchouth Ks 66054

Purchaser: Kelly McCaskey Oil Field Services

Operator Contact Person: Jim Bolinger

Phone (913) 796-6593

Contractor: Name: McGowan Drilling Inc

License: 5786

Wellsite Geologist: NA

Designate Type of Completion
X New Well ____ Re-Entry ____ Workover

X Oil ____ SWD ____ Temp. Abd.
____ Gas ____ Inj ____ Delayed Comp.
____ Dry ____ Other (Core, Water Supply, etc.)

If OWWO: old well info as follows:
Operator:

Well Name:

Comp. Date _____ Old Total Depth _____

Drilling Method:
X Mud Rotary ____ Air Rotary ____ Cable

5-4-90 Spud Date | 5-15-90 Date Reached TD | 5-29-90 Completion Date

API NO. 15- 103 - 21,193

County LEAVENWORTH

NW NW NE Sec. 3 Twp. 9 Rge. 20 X East ____ West

4950 Ft. North from Southeast Corner of Section

2310 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)

Lease Name WAGNER Well # 1-90

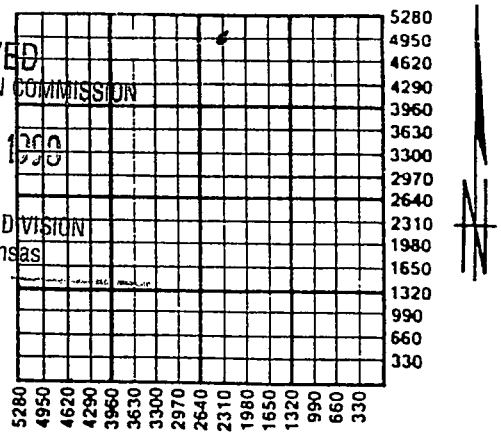
Field Name Sampson

Producing Formation Mchouth Sand

Elevation: Ground 1048 KB _____

Total Depth 1504 PBTD 1496

RECEIVED
STATE CORPORATION COMMISSION
AUG 23 1990
CONSERVATION DIVISION
Wichita, Kansas



Amount of Surface Pipe Set and Cemented at 41 Feet

Multiple Stage Cementing Collar Used? _____ Yes X No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 41

feet depth to Surface w/ 40 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 Jim Bolinger

Title Owner Date 8-15-90

Subscribed and sworn to before me this 17th day of August, 1990.

Notary Public R S Braksick

Date Commission Expires March 10, 1994

R. S. BRAKSICK
Notary Public - State of Kansas
My Appt. Expires 3-10-94

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)

Form ACO-1 (7-89)

SIDE TWO

Operator Name Bolinger Enterprises Lease Name Wagner Well # 1-90

Sec. 3 Twp. 9S Rge. 20 ☒ East ☐ West County Leavenworth

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

Formation Description

☒ Log ☐ Sample

Name	Top	Bottom
Kansas City		748
Mcdorth	1452	1464
Mississippi	1470	

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	11 1/4	8 5/8	23	41	Standard Portland	40	Del 2% Calseal gel
Production	6 1/2	4 1/2	10.5	1496	Light Standard	160	

PERFORATION RECORD Shots Per Foot	Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
4	1454 - 1464	3 1/8 SSB	1454-1464

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2 3/8	1468		☐ Yes ☒ No

Date of First Production	Producing Method					
6-15-90	☐ Flowing	☒ Pumping	☐ Gas Lift	☐ Other (Explain)		

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	1/2	0	20		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 _____

FORM MUST BE TYPED

CDP-
7/9(

KANSAS CORPORATION COMMISSION
CONSERVATION DIVISION
202 West First
200 Colorado Derby Building
Wichita, Kansas 67202-1286

CLOSURE OF SURFACE POND

Operator Name	License No.
BOLINGER ENTERPRISES	4925
Operator Address	
P.O. BOX 10 McLouth, Kansas 66054	
Contact Person	**Phone Number**
Jim Bolinger	(913) 796-6593
Permit Number (API# if applicable)	**Lease Name**
15-103-21,193	Wagner

Type of Pond:

_____ Emergency Pit _____ Burn Pit

_____ Treatment Pit _X_ Drilling Pit

_____ Workover Pit

Pit Location

Sec 3 Twp 9 S Rng 20 (E) W

4950 feet from South Sec. line

~~2310~~ 2310 feet from East Sec. line

Leavenworth County

Date of closure: 4-15-91

Was an artificial liner used? _____ Yes _X_ No.

If no, how were the sides and bottom sealed to prevent downward migration of the pit contents?

Clay Lined

Abandonment procedure of pond: Backfilled

The undersigned hereby certifies that he is Jim Bolinger for Bolinger Enterprises (Co.), a duly authorized agent, that all information shown hereon is true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me on this 10 day of May, 1991

ROSE M. BOLINGER
Notary Public - State of Kansas
My Appt. Expires 12-4-94

Rose M. Bolinger
Notary Public

My Commission expires _____