

Operator Name W.S. Shields Oil Producers, Inc.

Lease Name Bowman Trust "A" Well # 69951

Sec. 3 Twp. 10 Rge. 12
 East
 West

County Osborne

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 surface level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface during test. Attach extra sheets if more space is needed. Attach copy of log.

Drill Stem Tests Taken Yes No
 (Attach Additional Sheets.)
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy.)

Name	Top	Datum
Anhydrite	931	+ 958
Topeka Lm	2814	- 925
Heebner Sh	3050	-1161
Toronto Lm	3074	-1185
Lansing-KC	3108	-1219

List All E.Logs Run: Radiation Guard

D.S.T. #1 3108-3120 Times: 30-60-30-60 Rec. 60'

Gas-60' HOCM 58-66; 1058; 75-84; 1041#

D.S.T. #2 3151-3161 Times: 20-45-45-45 Rec. 660' Salt wtr

67-92; 1184; 168-319; 1176#

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	12 1/4	8 5/8	20	212'	Quickset	140	2% gel 3% CaCl
Production	7 7/8	4 1/2	9 1/2	3239'	Common	125	
		PORT COLLAR		970'	60/40 Poz	152	8% gel

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 Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
4	3111-3117	500 gal 15% and	3117
		2000 gal 28%	

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2" EUE	3190	None	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj.	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
8-27-95				
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio
	20	None	2	

Disposition of Gas: Vented Sold Burnt In Lease (if vented, submit A)

METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled Other (Specify)

Production Interval: 3111-
3117