

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

COPY *me*

API NO. 15-141-20,309

Operator: License # 5184
Name: Shields Oil Producers, Inc.
Address: Shields Bldg.
City/State/Zip: Russell, KS 67665
Purchaser: None
Operator Contact Person: Burton Beery
Phone (913) 483-3141
Contractor: Name: Company Tools
License: 5184
Wellsite Geologist: Francis Whisler
Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSV, Expl., Cathodic, etc.)

County Osborne
100'
West-NW-NE-NE Sec. 4 Twp. 10 Rge. 12
4950 Feet from (circle one) Line of Section
1090 Feet from (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE, NW or SW (circle one)
Lease Name Nelson Well # 2
Field Name Sigle North
Producing Formation None
Elevation: Ground 1885 KB 1890
Total Depth 3195 PBTD None
Amount of Surface Pipe Set and Cemented at 209 Ft
Multiple Stage Cementing Collar Used? Yes X
If yes, show depth set _____ Ft
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ ax cm

If Workover/Re-Entry, old well info as follows:
Operator: _____
Well Name: _____
Comp. Date _____ Old Total Depth _____
 Deepening Re-perf. Conv. to Inf/SWD
 Plug Back _____ PBTD
 Commingled _____ Docket No. _____
 Dual Completion _____ Docket No. _____
 Other (SWD or Inf?) _____ Docket No. _____
12-30-96 1-5-97 None
Spud Date Date Reached TD Completion Date

Drilling Fluid Management Plan DFA, 3-30-98 v.c.
(Data must be collected from the Reserve Pit)
Chloride content 67,000 ppm Fluid volume 350 bb
Dewatering method used Evaporation
Location of fluid disposal if hauled offsite: _____
Operator Name _____
Lease Name _____ License No. _____
Quarter _____ Soc. _____ Twp. _____ E/W _____
County _____ Docket No. _____

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1997 MAR 19 A

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, 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.

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 Burton Beery
Title Superintendent Date 1-23-97
Subscribed and sworn to before me this 23rd day of January, 1997
Notary Public Luzek Phillips
Date Commission Expires _____

NOTARY PUBLIC
State of Kansas
My Appt. Exp. 5-26-99

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

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Operator Name Shields Oil Producers, Inc. Lease Name Nelson Well # 2

Sec. 4 Twp. 10 Rge. 12 East West
 County Osborne 69905

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 or 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.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run (Submit Copy.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No List All Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Name</th> <th style="width: 20%;">Top</th> <th style="width: 20%;">Datum</th> </tr> </thead> <tbody> <tr> <td>Anhydrite</td> <td>961</td> <td>+ 929</td> </tr> <tr> <td>Howard Lm</td> <td>2799</td> <td>- 909</td> </tr> <tr> <td>Topeka Lm</td> <td>2836</td> <td>- 946</td> </tr> <tr> <td>Heebner Sh</td> <td>3074</td> <td>-1184</td> </tr> <tr> <td>Toronto Lm</td> <td>3096</td> <td>-1206</td> </tr> <tr> <td>Lansing-Kansas City</td> <td>3130</td> <td>-1240</td> </tr> <tr> <td>Total Depth</td> <td>3195</td> <td>-1305</td> </tr> </tbody> </table>	Name	Top	Datum	Anhydrite	961	+ 929	Howard Lm	2799	- 909	Topeka Lm	2836	- 946	Heebner Sh	3074	-1184	Toronto Lm	3096	-1206	Lansing-Kansas City	3130	-1240	Total Depth	3195	-1305
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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	20	209	60/40 Poz Mix	150	2% Gel 3% C.C.

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth	Type of Cement	#Sacks Used	Type and Percent Additives
Perf. rate	Top Bottom			
Protect Casing				
Plug Back TD				
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

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj.		Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
Estimated Production Per 24 hours	Oil Bbls.	Gas Mcf	Water Ebls.	Gas-Oil Ratio Gravit
	<u>N/A</u>			

Disposition of Gas:	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> In Lease (If vented, submit A)	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	_____