

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

API NO. 15- 141-20-333

COPY

County Osborne
230'

East- SW- SE- NE Sec. 5 Twp. 10 Rge. 12 X

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 SIOW Temp. Abd.

Gas ENHR SIGW

Dry Other (Core, WSU, Expl., Cathodic, etc)

If Workover/Re-Entry: old well info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Deepening Re-perf. Conv. to Inj/SWD

Plug Back PBTD

Commingled Docket No. _____

Dual Completion Docket No. _____

Other (SWD or Inj?) Docket No. _____

4-26-97 5-1-97 None
Spud Date Date Reached TD Completion Date

2970 Feet from S (circle one) Line of Section

760 Feet from E (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)

Lease Name Kendig "C" Well # 1

Field Name Fallis Ext.

Producing Formation None

Elevation: Ground 1940 KS 1945

Total Depth 3255 PBTD None

Amount of Surface Pipe Set and Cemented at 213 Fee

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Fee

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sk ckt

Drilling Fluid Management Plan DFA 2-4-98
(Data must be collected from the Reserve Pit)

Chloride content 59,000 ppm Fluid volume 375 bbl

Dewatering method used Evaporation

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

Quarter _____ Sec. _____ Twp. _____ S Rng. _____ E/W

County _____ Docket No. _____

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 5-7-97

Subscribed and sworn to before me this 7th day of May 19 97.

Notary Public Ruth Phillips

Date Commission Expires _____



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

Operator Name Fields Oil Producers, Inc. Lease Name Kendig "C" Well # 169971

Sec. 15 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, including 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.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input checked="" type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Anhydrite	1064	+ 881
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Howard Lime	2864	- 919
List All E.Logs Run:		Topeka Lime	2902	- 957
		Heebner Shale	3137	-1192
		Toronto Lime	3159	-1214
		Lansing-Kansas City	3196	-1251
		TD	3255	-1310

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	213	60-40 Poz Mix	160	2% Gel 3% C.C.

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	Acid, Fracture, Shot, Cement Squeeze Record
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used) Depth

TUBING RECORD Size Set At Packer At Liner Run Yes No

Date of First, Resumed Production, SUD or Inj. D+A Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours Oil N-A Bbls. Gas N-A Mcf Water Bbls. Gas-Oil Ratio Gravity

Disposition of Gas: Vented Sold U. n Lease
 (If vented, submit A
 METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled
 Other (Specify) _____
 Production Interval _____

Shields

COPY

OIL PRODUCERS, INC.

R. L. SHIELDS, President

Russell, Kansas

15-141-20333



FORM ACO-1 DRILL STEM TESTS

SHIELDS OIL PRODUCERS, INC. LEASE Kendig C-1

D.S.T. #1 3170-3210 Times: 30-60-60-60

I.H.P. 1562 I.F.P. 33-33 I.S.I.P. 907

F.F.P. 40-40 F.S.I.P. 756 F.H.P. 1551

Recovery: 30' Oil Cut Mud

D.S.T. #2 _____ Times: _____

I.H.P. _____ I.F.P. _____ I.S.I.P. _____

F.F.P. _____ F.S.I.P. _____ F.H.P. _____

Recovery:

D.S.T. #3 _____ Times: _____

I.H.P. _____ I.F.P. _____ I.S.I.P. _____

F.F.P. _____ F.S.I.P. _____ F.H.P. _____

Recovery:

D.S.T. #4 _____ Times: _____

I.H.P. _____ I.F.P. _____ I.S.I.P. _____

F.F.P. _____ F.S.I.P. _____ F.H.P. _____

Recovery:

D.S.T. #5 _____ Times: _____

I.H.P. _____ I.F.P. _____ I.S.I.P. _____

F.F.P. _____ F.S.I.P. _____ F.H.P. _____

Recovery:

D.S.T. #6 _____ Times: _____

I.H.P. _____ I.F.P. _____ I.S.I.P. _____

F.F.P. _____ F.S.I.P. _____ F.H.P. _____

Recovery:

RECEIVED
KANSAS CORP. DEPT.
997 MAY -8 A.M.