

9-10S-12W

COPY, *and*

FORM MUST BE TYPED

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 # 6194Name: ESP Development Inc.Address 17746 177th Blvd.City/State/Zip Paradise Ks 67658

Purchaser: _____

Operator Contact Person: Lewis EulertPhone (913) 998-4413Contractor: Name: Shields Drilling Co. Inc.License: #5184Wellsite Geologist: Randall Kilian

Designate Type of Completion

New Well Re-Entry Workover

Oil SWD SIOW Temp. Abd.
Gas ENHR SIGW
XX Dry Other (Core, WSW, 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/SWDPlug Back PBTDCommingled Docket No. _____Dual Completion Docket No. _____Other (SWD or Inj?) Docket No. _____Spud Date 10-27-95 Date Reached TD 11-02-95 Completion Date _____

API NO. 15-141-203090000

County Osborne100°E N 1/2, N 1/2 NE Sec. 9 Twp. 10S Rge. 12 X V330 Feet from SW (circle one) Line of Section1220 Feet from EW (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE SE, NW or SW (circle one)Lease Name Becker Well # 1Field Name Sigle West Ext.Producing Formation L/KCElevation: Ground 1825 ft 1830Total Depth 3192 PBDAmount of Surface Pipe Set and Cemented at 208' FeetMultiple Stage Cementing Collar Used? Yes X No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ X sx cmt.Drilling Fluid Management Plan DATA 5696
(Data must be collected from the Reserve Pit)Chloride content 41000 ppm Fluid volume 2500 bblsDewatering method used 0Location of fluid disposal if hauled offsite 0

Operator Name _____

Lease Name _____ License No. _____

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

County _____ Docket No. _____

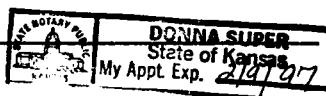
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information on 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 Lewis Eulert
Title President Date 1-25-96

Subscribed and sworn to before me this 25th day of January,
19 96.

Notary Public Donna Super
Date Commission Expires 2/9/97



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

W.S. 201-9

69991

Operator Name ESP Development Inc.Lease Name BeckerWell # 1Sec. 9 Twp. 10S Rge. 12 East WestCounty Osberne

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.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log Formation (Top), Depth and Datums	<input checked="" type="checkbox"/> Sample																														
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<table border="1"> <thead> <tr> <th>Name</th> <th>Top</th> <th>Datum</th> </tr> </thead> <tbody> <tr><td>Anhydrite</td><td>895'</td><td>+ 935</td></tr> <tr><td>Base</td><td>927'</td><td>+ 903</td></tr> <tr><td>Howard</td><td>2737'</td><td>- 905</td></tr> <tr><td>Topeka</td><td>2772'</td><td>- 942</td></tr> <tr><td>Heeb. Sh.</td><td>3009'</td><td>-1179</td></tr> <tr><td>Toronto</td><td>3034'</td><td>-1204</td></tr> <tr><td>Lansing</td><td>3067'</td><td>-1237</td></tr> <tr><td>"G"</td><td>3118'</td><td>-1288</td></tr> <tr><td>T.D.</td><td>3192'</td><td>-1362</td></tr> </tbody> </table>		Name	Top	Datum	Anhydrite	895'	+ 935	Base	927'	+ 903	Howard	2737'	- 905	Topeka	2772'	- 942	Heeb. Sh.	3009'	-1179	Toronto	3034'	-1204	Lansing	3067'	-1237	"G"	3118'	-1288	T.D.	3192'	-1362
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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 E.Logs Run:																																	

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 $\frac{1}{4}$	8 5/8	20#	208'	60/40 Poz	140	2% Gel 3% CC.

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Perforate				
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
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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)
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Estimated Production Per 24 Hours	Oil	Bbls.	Gas	McF	Water	Bbls.	Gas-Oil Ratio	Gravity
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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)						