

9-10-12W

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

Operator: License # 5184
Name: Shields Oil Producers, Inc.
Address Shields Bldg.
City/State/Zip Russell, KS 67665
Purchaser: Farmland
Operator Contact Person: M. L. Ratts
Phone (913) 483-3141
Contractor: Name: Shields Drlg., Co.
License: 5184
Wellsite Geologist: Francis Whisler
Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD S10W Temp. Abd.
 Gas ENHR SIGW
 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/SWD
 Plug Back _____ PBTD
 Commingled _____ Docket No. _____
 Dual Completion _____ Docket No. _____
 Other (SWD or Inj?) _____ Docket No. _____
4-16-93 4-23-93 4-30-93
Spud Date Date Reached TD Completion Date

API NO. 15- 141-20,276
County Osborne
NE - SW - NE - Sec. 9 Twp. 10 Rge. 12 E W
1650 Feet from S (circle one) Line of Section
1650 Feet from E W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE, NW or SW (circle one)
Lease Name Sigle Well # 2
Field Name Sigle West
Producing Formation Kansas City
Elevation: Ground 1786 KB 1791
Total Depth 3330 PBTD 3126
Amount of Surface Pipe Set and Cemented at 220 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set 864 Feet
If Alternate II completion, cement circulated from 864
feet depth to Surface w/ 200 sx cmt.

Drilling Fluid Management Plan 5-25-93
(Data must be collected from the Reserve Pit)
_____ shale content 62,000 ppm Fluid volume 400 bbls
_____ Metering method used Evaporation
_____ Method of fluid disposal if hauled offsite:
Generator Name _____
Lease Name _____ License No. _____
_____ Quarter Sec. _____ Twp. _____ S Rng. _____ E/W
County _____ Docket No. _____

RECEIVED
STATE CORPORATION COMMISSION
MAY 11 1993

CONSERVATION DIVISION
Wichita, Kansas

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 M. L. Ratts
Title Production Dept Date 5-10-93
Subscribed and sworn to before me this 10 day of May, 19 93.
Notary Public Ruth Phillips
Date Commission Expires _____

RUTH PHILLIPS
State of Kansas
My Appt. Exp. 5-26-95

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
 KCC SWD/Rep NGPA
 KGS Plug Other (Specify) IS

Operator Name Shields Oil Producers, Inc. Lease Name Sigle Well # 2
 County Osborne 70002
 Sec. 9 Twp. 10 Rge. 12
 East West

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem test (ving 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Attach Additional Sheets.) 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy.)	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Name</td> <td style="width: 20%;">Top</td> <td style="width: 20%;">Datum</td> </tr> <tr> <td>Anhydrite</td> <td>846</td> <td>+945</td> </tr> <tr> <td>Topeka</td> <td>2722</td> <td>-931</td> </tr> <tr> <td>Heebner</td> <td>2956</td> <td>-1165</td> </tr> <tr> <td>L-KC</td> <td>3015</td> <td>-1224</td> </tr> </table>	Name	Top	Datum	Anhydrite	846	+945	Topeka	2722	-931	Heebner	2956	-1165	L-KC	3015	-1224
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List All E.Logs Run: ELI - G/N
 D.S.T. #1 3056-3076 Times: 15-45-45-45 Rec.
 360' Gas and 300' Muddy Gsy Oil IHP - 1612;
 IFP - 59-67; I.S.I.P. - 941; F.F.P. - 101-134
 FSIP - 908; FHP - 1601

CASING RECORD <input checked="" type="checkbox"/> New <input 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	220	Quickset	150	
Production	7 7/8	4 1/2	10 1/2	3169	Common	125	
		Stage Tool		864	60-40-Poz	200	

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
4	3064-3068	500 gal 15% 3068

TUBING RECORD		Size <u>2" EUE</u>	Set At <u>3122</u>	Packer At <u>None</u>	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj. <u>5-6-93</u>		Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil <u>30</u> Bbls.	Gas <u>Trace</u> Mcf	Water <u>None</u> Bbls.	Gas-Oil Ratio	Gr <u>40</u>

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION

Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval 3064-3068