

FORM MUST BE TYPED

SIDE ONE

9-10s-24w

COPY

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

API NO. 15- 065-010300000

County Graham

C -NW/4 SW/4 Sec. 9 Twp. 10 Rge. 24 X W

Operator: License # 03655

1980 feet from (S)N (circle one) Line of Section

Name: STAAB ENERGY & LEASING

660 feet from (W) (circle one) Line of Section

Address 2514 Haney Drive

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

City/State/Zip Hays, Kansas 67601-2220

Lease Name HERMAN "OWWO" Well # 6-WSW

Purchaser: _____

Field Name Bryan

Operator Contact Person: Norman G. Staab

Producing Formation Cedar Hill Formation (Water Supply)

Phone (913) 628-1326

Elevation: Ground 2499' KB 2504'

Contractor: Name: L.D. Drilling, Inc.

Total Depth 2183' PUD _____

License: 6039

Amount of Surface Pipe Set and Cemented at 229' feet

Wellsite Geologist: None

Multiple Stage Cementing Collar Used? _____ Yes _____ No

Describe Type of Completion

If yes, show depth set _____ feet

____ New Well XXX Re-Entry _____ Workover

If Alternate II completion, cement circulated from _____

____ Oil _____ SWD _____ SLOW _____ Temp. Abd.
____ Gas _____ ENHR _____ SIGW
____ Dry WSW Other (Core, XXX Expt., Cathodic, etc)

feet depth to _____ w/ _____ dx cnt.

If Workover:

Drilling Fluid Management Plan REENTRY 8/ 1-21-97
(Data must be collected from the Reserve Pit)

Operator: Murfin Drilling Company

Chloride content 24,000 ppm fluid volume 5 lbs

Well Name: Herman "C" #1

Dewatering method used Air Dry - Evaporation

Comp. Date 11-27-59 Old Total Depth 4050

Location of fluid disposal if hauled offsite:

XX Deepening _____ Re-perf. _____ Conv. to Inj/SWD
Plug Back 2183' PUD
____ Cemented _____ Bucket No. _____
____ Dual Completion _____ Bucket No. _____
____ Other (S/W or Inj?) Bucket No. _____

Operator Name _____

Lease Name _____ License No. _____

10-7-96 10-8-96 11-07-96

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

____ Date Reached TD _____ Completion Date

County _____ Docket No. _____

REENTRY

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, 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 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 Norman G. Staab

K.C.C. OFFICE USE ONLY
F _____ Letter of Confidentiality Attached
C Wireline Log Received
C _____ Geologist Report Received

Title Owner Date 11-13-96

Subscribed and sworn to before me this 13th day of November, 19 96.

Notary Public Cacile M. Staab My Comm. Exp. 10-26-98

Date Commission Expires 10-26-98

Distribution
____ KCC _____ SWD/Rep _____ NGPA
 KGS _____ Plug _____ Other (Specify) FS

SIDE TWO

Operator Name STAAB ENERGY & LEASING Lease Name HERMAN Well # 6 WSW
 County GRAHAM
 Sec. 9 Twp. 10 Rge. 24 East West

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input 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	CEDAR HILL	1,796-1,846	
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	TD	2,147	

List All E.Logs Run: **[LOG ENCLOSED]**
CEMENT BOND

CASING RECORD <input 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"		229			
Production	7-7/8"	5-1/2"		2180	Allied Lite	450	65/35 6% 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 RECORDS - Bridge Plugs Set/Type	Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)	Depth
2	1796' - 1846'	Perforated W/100 Shots	1796-1846'
		3-1/2" Alum.	

TUBING RECORD	Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	2-7/8" OD J-55 St1 T&C 6.5#	1764.03			
Date of First, Resumed Production, SVD or Inj.	Producing Method		<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input checked="" type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
Nov. 7, 1996 as Water Supply Well					
Estimated Production Per 24 Hours	Oil	Sbls.	Gas	Mcf	Water 100% Sbls. 100-300 WATER ONLY - WATER SUPPLY WELL
100-300					Gas-Oil Ratio Gravity

Disposition of Gas:	<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, submit ACO-18.)	METHOD OF COMPLETION	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input checked="" type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify)	Production Interval	<u>1796'-1846'</u>
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