

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

COPY

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 (785) 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, 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. _____

10-16-97 10-24-97 None
Spud Date Date Reached TD Completion Date

API NO. 15- 065-22,789

County Graham

C - SE - NE - SE Sec. 26 Twp. 10 Rge. 24 X W

1650 Feet from (S)N (circle one) Line of Section

330 Feet from (E)W (circle one) Line of Section

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

Lease Name Cochran Well # 1

Field Name Dorman West

Producing Formation None

Elevation: Ground 2345 KB 2350

Total Depth 3935 PBTD None

Amount of Surface Pipe Set and Cemented at 217 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cnt.

Drilling Fluid Management Plan D+A, 4-13-98 U.C.
(Data must be collected from the Reserve Pit)

Chloride content 41,000ppm Fluid volume 390 bbls

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.

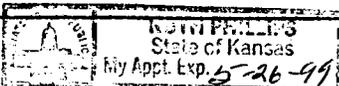
Signature Burton Beery

Title Superintendent Date 11-5-97

Subscribed and sworn to before me this 5th day of November, 19 97.

Notary Public Luth Phillips

Date Commission Expires _____



| K.C.C. OFFICE USE ONLY | |
|---|---|
| F | <input type="checkbox"/> Letter of Confidentiality Attached |
| C | <input checked="" type="checkbox"/> Wireline Log Received |
| C | <input checked="" type="checkbox"/> Geologist Report Received |
| Distribution | |
| <input checked="" type="checkbox"/> KCC | <input type="checkbox"/> SWD/Rep <input type="checkbox"/> NGPA |
| <input type="checkbox"/> KGS | <input type="checkbox"/> Plug <input checked="" type="checkbox"/> Other |
| 15 (Specify) | |

Operator Name Shields Oil Producers, Inc. Lease Name Cochran Well # 79020 1.

County Graham
 Sec. 26 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 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 | 1961 | + 389 |
| Electric Log Run (Submit Copy.) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Topeka Lime | 3447 | -1097 |
| List All E.Logs Run: | | Heebner Shale | 3666 | -1316 |
| | | Toronto Lime | 3684 | -1334 |
| | | Lansing-Kansas City | 3704 | -1354 |
| | | Base Kansas City | 3935 | -1585 |
| | | Total Depth | 3935 | -1585 |

| 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 | 23 | 217 | 60-40 Poz. Mix | 175 | 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 <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---------------|------|--------|-----------|--|
| | | | | |

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

| Estimated Production Per 24 Hours | Oil Bbls. | Gas Mcf | Water Bbls. | Gas-Oil Ratio | Gravity |
|-----------------------------------|------------|---------|-------------|---------------|---------|
| | <u>N/A</u> | | | | |

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 _____