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

Operator: License # 03553
Name: Citation Oil & Gas Corp.
Address P.O. Box 690688
Houston, TX 77269-0688
Purchaser: N/A
Operator Contact Person: Debra Harris
Phone (281) 517-7194
Fractor: Name: N/A
License: _____
Wellsite Geologist: _____

Completion 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/Reentry: Old Well Info as follows:

Operator: _____
Well Name: _____
Comp. Date 11/18/58 Old Total Depth _____
 Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____
Date _____ Date Reached TD _____ Completion Date SI-12/6/00

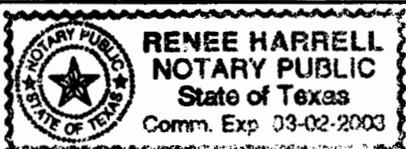
API NO. 15- 065-03141
County Graham
NE-SE-SE Sec. 09 Twp. 10S Rge. 25 X ^E _W
± 600 Feet from S (circle one) Line of Section
± 100 Feet from E (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE, (SE), NW or SW (circle one)
Lease Name Elrick Well # 8-2
Field Name Elrick
Producing Formation LKC 3756' - 3980'
Elevation: Ground _____ KB 2508'
Total Depth 4224' PBDT 3650'
Amount of Surface Pipe Set and Cemented at 243 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternative II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.
Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering Method used _____
Location of fluid disposal if hauled offsite: _____
Operator Name _____
Lease Name _____ License No. _____
Quarter Sec. Twp. S Rng. E/W
County _____ Docket No. _____

RECEIVED
KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WICHITA, KANSAS
JAN 16 2001

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 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 Debra Harris Debra Harris
Title Regulatory Analyst Date 1/10/01
Subscribed and sworn to before me this 10th day of January,
2001
Notary Public Renee Harrell
Date Commission Expires 3-2-03



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)

78150

SIDE TWO

Operator Name Citation Oil & Gas Corp. Lease Name Elrick Unit Well # 8-2
 Sec. 09 Twp. 10S Rge. 25 East County Graham
 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 type="checkbox"/> No	<input type="checkbox"/> Log Formation (Top), Depth and Datums	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input type="checkbox"/> No		

List All E.Logs Run:

CASING RECORD

New 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	Unknown	8-5/8"	Unknown	243'	Unknown	175	Unknown
Production	7-7/8"	5-1/2"	14#	4214'	Unknown	175	Unknown

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 checked="" type="checkbox"/> Plug Off Zone	3650'	Unknown	1	Unknown

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
6	3802' - 08'; 3905' - 09';		
4	3756' - 62'; 3928' - 34';		
4	3956' - 60'; 3974' - 80'		
		CIBP capped w/1 sx cement	3650'

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	None - pulled			

Date of First, Resumed Production, SWD or Inj. N/A	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 <u>0</u> Bbls.	Gas <u>0</u> Mcf	Water <u>0</u> Bbls.	Gas-Oil Ratio	Gravity
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Disposition of Gas: METHOD OF COMPLETION Production Interval
 Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
 (If vented, submit ACO-18.) Other (Specify) _____