FORM MUST BE TYPED   SIDE ONE   24790

API NO. 15- 051-24970-0002

County __Ellis__

C __S/2__ - __NE__ - __NE__ Sec. __22__ Twp. __11__ Rge. __17__ X

__990__ Feet from S/N (circle one) Line of Section

__660__ Feet from E/W (circle one) Line of Section

Operator: License # ____7064____

Name: __Cattlemans Oil Operations__

Address __2260 Catherine Rd.__

__Hays, Kansas 67601__ RECEIVED

City/State/Zip _____ DEC 30 2002

Purchaser: __NCRA__   KCC WICHITA

Operator Contact Person: __Lee Donzweiler__

Phone (__785__) __625-5394__

Contractor: Name: __Cattlemans Oil Operations__

License: ____7064____

Wellsite Geologist: ____NA____

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

Lease Name __Johansen__   Well # __9__

Field Name ____Bemis____

Producing Formation ____Arbuckle__ _Penn Basal_ ?

Elevation: Ground ____1889____ KB __1894__

Total Depth ____3490____ PBTD __3390__ K

Amount of Surface Pipe Set and Cemented at __346__ Fee

Multiple Stage Cementing Collar Used? __X__ Yes _____ N

If yes, show depth set ____1141____ Fee

If Alternate II completion, cement circulated from __1141__

feet depth to __surface__ w/ __225__ sx cmt

Designate Type of Completion
_____ New Well _____ Re-Entry __X__ Workover

__X__ Oil _____ SWD _____ SIOW _____ Temp. Abd.
_____ Gas _____ ENHR _____ SIGW
_____ Dry _____ Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-Entry: old well info as follows:

Operator: __OXY USA__

Well Name: __Johansen #9__

Comp. Date __11-30-0__ Old Total Depth __3494__

_____ Deepening _____ Re-perf. _____ Conv. to Inj/SWD
__X__ Plug Back __3390__ _____ PBTD
_____ Commingled   Docket No. _____
_____ Dual Completion   Docket No. _____
_____ Other (SWD or Inj?) Docket No. _____

__3-19-92__   __3-23-92__   __4-17-92__
Spud Date   Date Reached TD Completion Date

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ bbl

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._____

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 _____

Title ____owner____   Date __12-4-02__

Subscribed and sworn to before me this __4th__ day of __December__, 19 __02__.

Notary Public _____

Date Commission Expires _____ __4-20-03__

Form ACO-1 (7-91)

Operator Name __Cattlemans Oil Operations__ Lease Name __Johansen__ Well # __9__

☐ East
Sec. __22__ Twp. __11__ Rge. __17__ ☒ West

County __Ellis__

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   ☐ Yes   ☒ No
  (Attach Additional Sheets.)

☐ Log   Formation (Top), Depth and Datums   ☐ Sample

Samples Sent to Geological Survey   ☐ Yes   ☒ No

Name   Top   Datum

Cores Taken   ☐ Yes   ☒ No

Electric Log Run   ☐ Yes   ☒ No
  (Submit Copy.)

List All E.Logs Run: OWWO

Casing was in place	**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
		8 5/8		346		200	
		5 1/2		3494		175	
					Alt 2	225	

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 2½	Set At 3380	Packer At	Liner Run ☐ Yes ☒ No

Date of First, Resumed Production, SWD or Inj. 12-1-02	Producing Method ☐ Flowing ☒ Pumping ☐ Gas Lift ☐ Other (Explain)

Estimated Production Per 24 Hours	Oil 9	Bbls. 720	Gas	Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity

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 _____