

28-11-18W
COPY

SIDE ONE

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

Operator: License # 3007

Name: Western Kansas Exploration, Inc.

Address 117 E. 13th St.

City/State/zip Hays, Kansas 67601

Purchaser: _____

Operator Contact Person: Stan Younger

Phone (913) 628-2296

Contractor: Name: Western Kansas Drilling, Inc.

License: 4083

Wellsite Geologist: Randall Kilian STATE CORPORATION COMMISSION

Designate Type of Completion

New Well Re-Entry Workover

Oil SWD Temp. Abd.

Gas Inj Delayed Comp.

Dry Other (Core, Water Supply, etc.)

If OWO: old well info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Drilling Method:

Mud Rotary Air Rotary Cable

7-24-91 8-2-91 8-3-91

Spud Date Date Reached TD Completion Date

API NO. 15- 051-24,754

County Ellis

NW NE SE Sec. 28 Twp. 11 Rge. 18 East West

2310' Ft. North from Southeast Corner of Section

990' Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)

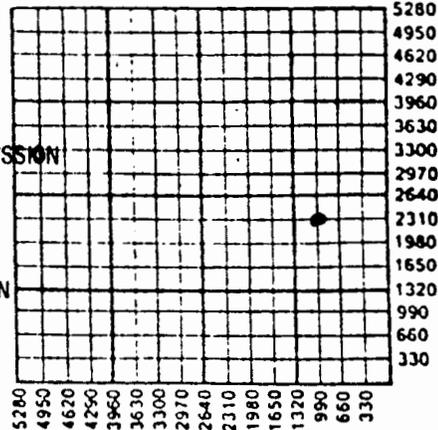
Lease Name Fisher Well # 1

Field Name Bemis Shutts

Producing Formation _____

Elevation: Ground 2089' KB 2094'

Total Depth 3800' PBDT 3650'



5-5-13
AIT II DKO

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CONSERVATION DIVISION
Wichita, Kansas

Amount of Surface Pipe Set and Cemented at 210' 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 cmt.

INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado
Boy Building, Wichita, Kansas 67202, within 120 days of the spud date of any well. Rule 82-3-130, 82-3-107 and
82-3-106 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 drillers time log 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. Any recompletion, workover or
conversion of a well requires filing of ACO-2 within 120 days from commencement date of such work.

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 [Signature]

Title _____ Date 9-9-91

Subscribed and sworn to before me this 9th day of September
19 91.

Notary Public Nancy Taggart

Date Commission Expires 7-2-95

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Drillers Time Log Received
NANCY TAGGART
NOTARY PUBLIC
STATE OF KANSAS
My Appl. Exp. 7-2-95
SWD/Rep Plug NGPA Other (Specify) IS

W81-11-83

854107

SIDE TWO

Operator Name Western Kansas Exploration, Inc. Lease Name Fisher Well # 1

Sec. 28 Twp. 11 Rge. 18 East 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.)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
(Submit Copy.)

Name	Formation Description	
	Top	Bottom
Anhydrite	1382	+ 712
Topeka	3068	- 974
Heebner	3297	-1203
Lansing	3341	-1247
Base Kc.	3574	-1480
Arbuckle	3634	-1540
RTD	3799	-1705

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	12 1/4"	8 5/8	19#	210'	60/40 poz	135sks	2%gel 3%cc

Shots Per Foot	Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record	
		(Amount and Kind of Material Used)	Depth

TUBING RECORD Size _____ Set At _____ Packer At _____ Liner Run Yes No

Date of First Production _____ Producing Method Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	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 Perforation Dually Completed Commingled Other (Specify) _____

Production Interval _____

DRILL STEM TESTS

NO	INTERVAL	IFP/TIME	ISF/TIME	FF/TIME	FSF/TIME	HP/FHP	RECOVERY
1	Arb. 3599- 3640'	33# 55# 30"	477# 30"	88# 111# 45"	477# 60"	1984# 1980#	205' O, Sp, M, Water 3% Oil 64,000 ChL
2	Arb. 3637- 3648'	33# 55# 30"	477# 30"	99# 126# 30"	477# 30"	1988# 1988#	265' Water w/ S.O.
3	Arb. St. 3772- 3778'	111# 882# 30"	1211# 30"	936# 1178# 30"	1211# 30"	2162# 2162#	2,800' Water
4	Arb. St. 3665- 3673'	111# 609# 30"	1134# 30"	685# 914# 30"	1134# 30"	2151# 2151#	2,100' Water
5	LKc. F 3400- 3440'	20# 30# 15#	366# 15#	-	-	1962# 1962#	5' Mud
6							
7							
8							

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Wichita, Kansas