

KANSAS DRILLERS LOG

15-051-20004

S. 6 T. 11 R. 19 ²W

Loc. W2 W2 SE

County Ellis

API No. 15 — 051 — 20,085-~~2000~~1 (DRL)

County

Number

Operator

Crude Producers

Address

P. O. Box 55 Russell, Kansas 67665

Well No.

#1

Lease Name

Armbrister

Footage Location

feet from (N) (S) line

feet from (E) (W) line

Principal Contractor

BILL'S WELL SERVICE

Geologist

N/A

Spud Date

Total Depth

P.B.T.D.

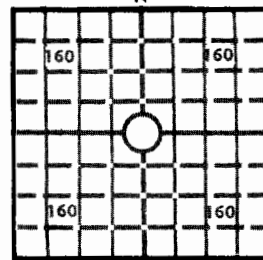
3569

Date Completed

JULY 5

Oil Purchaser

N/A

640 Acres
N

Locate well correctly

Elev.: Gr.

DF

KB

CASING RECORD

Report of all strings set — surface, intermediate, production, etc.

Purpose of string	Size hole drilled	Size casing set (in O.D.)	Weight lbs/ft.	Setting depth	Type cement	Sacks	Type and percent additives

LINER RECORD

PERFORATION RECORD

Top, ft.	Bottom, ft.	Sacks cement	Shots per ft.	Size & type	Depth interval

TUBING RECORD

Size	Setting depth	Packer set at

ACID, FRACTURE, SHOT, CEMENT SQUEEZE RECORD

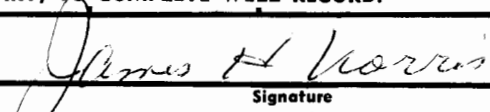

Amount and kind of material used	Depth interval treated

Wash down was not successful, temporarily abandoned. Have verbally okay to make into Labor Hill disposal on in process of filing for same.

INITIAL PRODUCTION

Date of first production		Producing method (flowing, pumping, gas lift, etc.)			
RATE OF PRODUCTION PER 24 HOURS		Oil <i>NONE</i> bbls.	Gas MCF	Water bbls.	Gas-oil ratio CFPB
Disposition of gas (vented, used on lease or sold)			Producing interval (s)		

INSTRUCTIONS: As provided in KCC Rule 82-2-125, within 90 days after completion of a well, one completed copy of this Drillers Log shall be transmitted to the State Geological Survey of Kansas, 4150 Monroe Street, Wichita, Kansas 67209. Copies of this form are available from the Conservation Division, State Corporation Commission, 3830 So. Meridian (P.O. Box 17027), Wichita, Kansas 66217. Phone AC 316-522-2206. If confidential custody is desired, please note Rule 82-2-125. Drillers Logs will be on open file in the Oil and Gas Division, State Geological Survey of Kansas, Lawrence, Kansas 66044.

Operator		DESIGNATE TYPE OF COMP.: OIL, GAS, DRY HOLE, SWDW, ETC.:		
Well No.	Lease Name			
S _____ T _____ R _____ E _____ W _____				
WELL LOG Show all important zones of porosity and contents thereof; cored intervals, and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries.			SHOW GEOLOGICAL MARKERS, LOGS RUN, OR OTHER DESCRIPTIVE INFORMATION.	
FORMATION DESCRIPTION, CONTENTS, ETC.	TOP	BOTTOM	NAME	DEPTH
USE ADDITIONAL SHEETS, IF NECESSARY, TO COMPLETE WELL RECORD.				
Date Received	<div style="text-align: center;">  _____ Signature  _____ Title _____ Date </div>			

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