

COPY

2638

21-11-20W

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 # 30,678

 Name: West Central Oil Co.

 Address 229 S. Franklin St.
Russell, Kansas 67665

 City/State/Zip Russell, Kansas 67665

 Purchaser: None

 Operator Contact Person: Fred Ernst

 Phone (913) 483-2585

 Contractor: Name: Vonfeldt Drilling Co.

 License: 9431

 Wellsite Geologist: Randall Kilian

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

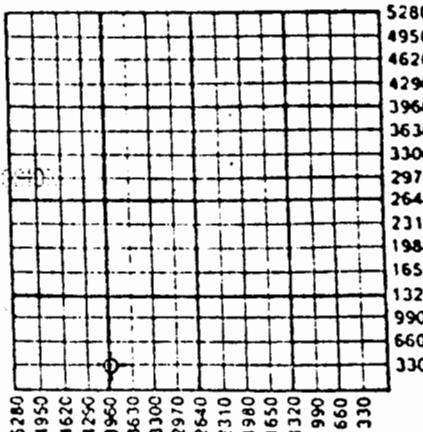
11-21-91 11-26-91 11-26-91

Sp. Date Date Reached TD Completion Date

RECEIVED

STATE CORPORATION COMMISSION OF KANSAS

NOV 27 1991



AITZ DYA

 Amount of Surface Pipe Set and Cemented at 257' w/ 150e sx

 Multiple Stage Cementing Collar Used? Yes No

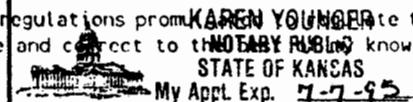
If yes, show depth set _____ feet

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 Derby 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 by the oil and gas industry have been fully complied with and the statements herein are complete and correct to the knowledge of the Notary Public.



Signature

Randall Kilian

 Title Well-site Geologist

 Date 11-26-91

 Subscribed and sworn to before me this 26 day of Nov., 91.

by Public

 Commission Expires 7-7-95

K.C.C. OFFICE USE ONLY
 F Letter of Confidentiality Attached
 C Wireline Log Received
 C Drillers Timelog Received

Distribution
 KCC SWD/Rep
 KGS Plug
 (Specify) NGPA
 Other

JS

90750

SIDE TWO

Operator Name West Central Oil Co.Lease Name Keller Well # 1 EastCounty Ellis, KansasSec. 21 Twp. 11 S Rge. 20 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.)

 Yes No

Samples Sent to Geological Survey

 Yes No

Formation Description

 Yes No Log Sample

Cores Taken

 Yes No

Name

Top

Bottom

Electric Log Run
(Submit Copy.) Yes No

	Top	Bottom
Anh.	1590	1642
Topeka	3223	3449
Heebner Sh.	3449	3452
Lansing	3489	3705
Base Kc.	3705	

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 $\frac{1}{4}$ "	8 5/8"		257'		150	

PERFORATION RECORD

Shots Per Foot Specify Footage of Each Interval Perforated

Acid, Fracture, Shot, Cement Squeeze Record
(Amount and Kind of Material Used) Depth

None							

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

Date of First Production	Producing Method	<input type="checkbox"/> Flowing	<input type="checkbox"/> Pumping	<input type="checkbox"/> Gas Lift	<input type="checkbox"/> Other (Explain)
None					

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
None					

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