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

Operator: License # 8061
Name Oil Producers, Inc. of Kansas
Address P.O. Box 8647
Wichita, Kansas 67208
City/State/Zip

Purchaser NA

Operator Contact Person Diana Richecky
Phone 316-681-0231

Contractor: License # 4083
Name Western Kansas Drilling

Wellsite Geologist Bill Shepherd
Phone 263-5495

Appropriate Type of Completion
 New Well Re-Entry Workover
 SWD Temp Abd
 Inj Delayed Comp.
 Other (Core, Water Supply etc.)

If (W/O: old well info as follows:
Operator
Well Name
Comp. Date
Old Total Depth

WELL HISTORY

Drilling Method:
 Mud Rotary Air Rotary Cable
...7/31/86... 7/9/86... 7-9-86
Spud Date Date Reached TD Completion Date
3941 NA
Total Depth PBTD

Amount of Surface Pipe Set and Cemented at 220 feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set...feet
If alternate 2 completion, cement circulated
...feet depth to...w/...SX cmt
Cement Company Name B J Titan
Invoice # 362120

API No. 15-195-21,863
County Trego
SE NW NE Sec 3 Twp 11 Rge 24 East West

4290 Ft North from Southeast Corner of Section
1650 Ft West from Southeast Corner of Section
(Note: Locate well in section plat below)

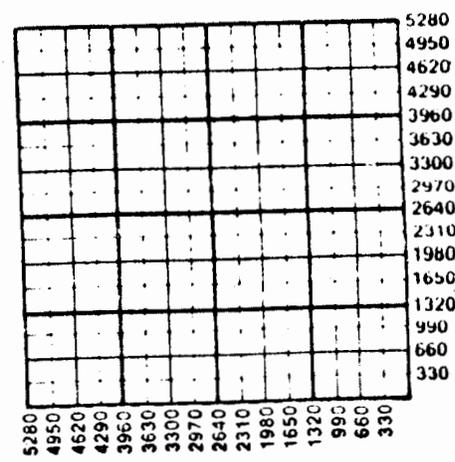
Lease Name Ott Well # 2

Field Name Sabine Valley

Producing Formation d & A

Elevation: Ground 2348 KB 2353

Section Plat



A

WATER SUPPLY INFORMATION

Disposition of Produced Water: Disposal
Docket # Repressuring

Questions on this portion of the ACO-1 call:
Water Resources Board (913) 296-3717

Source of Water:
Division of Water Resources Permit #

Groundwater...Ft North from Southeast Corner
(Well) ...Ft West from Southeast Corner of
Sec Twp Rge East West

Surface Water...Ft North from Southeast Corner
(Stream, pond etc)...Ft West from Southeast Corner
Sec Twp Rge East West

Other (explain)
(purchased from city, R.W.D. #)

INSTRUCTIONS: This form shall be completed in duplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 90 days after completion or recompletion of any well. Rule 82-3-130 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 drillers time log shall be attached with this form. 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

96730

SIDE TWO

Operator Name Oil Producers, Inc. of Kansas Lease Name Ott Well # 2
 Sec. 3 Twp. 11 Rge. 24 East West County Trego

WELL LOG

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
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No

Formation Description
 Log Sample

DST #1 3700-3785 30-30-30-30 110°
 IHP 2000
 IFIP 63-67
 ISIP 773
 FFP 78-84 rec 80' mud w/ oil specks
 FSIP 727
 FHP 1973

Name	Top	Bottom
Anhydrite	1961	(+ 392)
Topeka	3439	(-108)
Heebner	3667	(-131)
Toronto	3690	(-1337)
Lansing KC	3704	(-3151) 735
Base KC	3936	(-1383)

CASING RECORD <input type="checkbox"/> New <input checked="" type="checkbox"/> 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		8 5/8		220	60-40 POZ	135	3% Caci 2% gel

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

TUBING RECORD			
Size	Set At	Packer at	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No

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