

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

**COPY**

Operator: License # 6246

Name: Bennett & Schulte Oil Company

Address P.O. Box 329

City/State/Zip Russell, Kansas 67665

Purchaser: \_\_\_\_\_

Operator Contact Person: Frank Schulte

Phone (913) 483-2721

Contractor: Name: Vonfeldt Drilling, Inc.

License: 9431

Wellsite Geologist: Dave Shumaker

Designate Type of Completion

New Well  Re-Entry  Workover

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

If Workover:

Operator: \_\_\_\_\_

Well Name: \_\_\_\_\_

Comp. Date \_\_\_\_\_ Old Total Depth \_\_\_\_\_

Deepening  Re-perf.  Conv. to Inj/SWD  
 Plug Back  PBTD  
 Corringled  Docket No. \_\_\_\_\_  
 Dual Completion  Docket No. \_\_\_\_\_  
 Other (SWD or Inj?)  Docket No. \_\_\_\_\_

6-3-97 6-8-97 6-23-97  
Spud Date Date Reached TD Completion Date

API NO. 15- 167-231410000

County Russell

S/2 - S/2-NW Sec. 23 Twp. 12S Rge. 15W

2970 Feet from S (circle one) Line of Section

3960 Feet from EW (circle one) Line of Section

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

Lease Name Elsasser Well # 5

Field Name Elsasser

Producing Formation Lansing/Shaw

Elevation: Ground 1778' KB 1783'

Total Depth 3275 PBTD \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at 844 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.

Drilling Fluid Management Plan AH-18-5-99 U.C.  
(Data must be collected from the Reserve Pit)

Chloride content 69,000 ppm Fluid volume 380 bbls

Dewatering method used Left to dry

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, 130 S. Market - Room 2078, 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 L.R. Schulte

Title Partner Date 7/5/99

Subscribed and sworn to before me this 15 day of July, 19 99.

Notary Public Linda R. Schulte

Date Commission Expires 11/20/99

K.C.C. OFFICE USE ONLY		
F	<input checked="" type="checkbox"/>	Letter of Confidentiality Attached
C	<input checked="" type="checkbox"/>	Wireline Log Received
C	<input checked="" type="checkbox"/>	Geologist Report Received
Distribution		
<input checked="" type="checkbox"/>	KCC	<input type="checkbox"/> SWD/Rep
<input type="checkbox"/>	KGS	<input type="checkbox"/> Plug
<input type="checkbox"/>		<input checked="" type="checkbox"/> NGPA
		<input type="checkbox"/> Other (Specify) <u>IS</u>

LINDA R. SCHULTE  
NOTARY PUBLIC  
STATE OF KANSAS  
My Appt. Exp. 11/20/99

SIDE TWO

Operator Name Bennett & Schulte Oil Lease Name Elsasser Well # 5  
 Sec. 23 Twp. 12S Rge. 15W  East  West  
 County Russell

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.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Anhydrite	836	+947
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Topeka	2670	-889
List All E.Logs Run:		Heebner	2890	-1106
		Toronto	2910	-1126
		Lansing	2940	-1159
		Base Kansas City	3195	-1411
		Arbuckle	3220	-1437
		RTD	3248	-1465

CASING RECORD <input checked="" type="checkbox"/> New <input 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	10 3/4	8 5/8	24	844	60/40	325	2%ge13%cc
Production	7/78	5 1/2	14	3274	60/40	300	2%ge13%cc

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> 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
2	2673-76, 2943-52, 2966-70, 2982-84 3014-16, 3029-32, 3036-39		

TUBING RECORD		Size <u>2 1/2</u>	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SMD or Inj.			Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
Estimated Production Per 24 Hours	Oil <u>20</u>	Bbls.	Gas	Mcf	Water Bbls. <u>38</u>
					Gas-Oil Ratio

Disposition of Gas:  Vented  Sold  Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION:  Open Hole  Perf.  Dually Comp.  Commingled

Production Interval:  Other (Specify) \_\_\_\_\_

