

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

7838
COPY

32-12-19W

Operator: License # 30347
Name: DECAB Company
Address P. O. Box 609
City/State/Zip Hays, KS 67601
Purchaser: _____
Operator Contact Person: Tom Younger
Phone (913) -625-9148
Contractor: Name: Emphasis Oil Operations
License: 8241
Wellsite Geologist: Ron Nelson

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/Re-Entry: old well info as follows:
Operator: _____
Well Name: _____
Comp. Date _____ Old Total Depth _____
 Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBSD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____
1/22/93 1/28/93
Spud Date Date Reached TD Completion Date

County Ellis
50' S of
SW - NE - NW - Sec. 32 Twp. 12S Rge. 19 X
4250 4240 - KCC Record
Feet from (circle one) Line of Section
3630 Feet from (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)
Lease Name Amrein Well # 1
Field Name _____
Producing Formation _____
Elevation: Ground 2137' KB 2142'
Total Depth 3860' PBSD _____
Amount of Surface Pipe Set and Cemented at 218 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 add 2-18-93
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used _____
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, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-150, 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 mths). 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 Thomas J. Younger
Title PRESIDENT Date 2-5-93
Subscribed and sworn to before me this 5 day of FEBRUARY, 19 93.
Notary Public Karen Randa
KAREN RANDA
Date Commission Expires 5-14-93

STATE CORPORATION COMMISSION
RECEIVED
FEB 10 1993
OFFICE USE ONLY
Letter of Confidentiality Attached
Wireline Log Received
Geologist Report Received
Wichita, Kansas
Distribution
KCC _____
KGS _____
SWD/Rep _____
Plug _____
MGPA _____
Other (Specify) _____

Operator Name DECWB Company
 Sec. 32 Twp. 12S Rge. 19
 East West

Lease Name Amrein Well # 523840
 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.)
 List All E.Logs Run:

Log Formation (Top), Depth and Datum Sample
 Name Top Datum

CASING RECORD <input 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
<i>Surface</i>	<i>12 1/4</i>	<i>8 5/8</i>	<i>28**</i>	<i>222</i>	<i>60/40</i>	<i>145</i>	<i>2 3/4 lbs 2 1/2 Gal</i>

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

TUBING RECORD Size Set At Packer At Liner Run Yes No

Date of First, Resumed Production, SWD or Inj. 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 Perf. Dually Comp. Commingled Other (Specify) _____
 Production Interval _____