

FORM MUST BE TYPED

8942

SIDE ONE

15-12-33W
C Y

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

Operator: License # 5393
Name: A. L. Abercrombie, Inc.
Address 150 N. Main, Suite 801
City/State/Zip Wichita, KS 67202
Purchaser: _____
Operator Contact Person: Mark R. Galyon
Phone (316) 262-1841
Contractor: Name: Abercrombie RTD, Inc.
License: 30684
Wellsite Geologist: _____
Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD S10W Temp. Abd.
 Gas ENHR S1GW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-Entry: old well info as follows:
Operator: N/A
Well Name: _____
Comp. Date _____ Old Total Depth _____
 Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBT
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____
5-24-93 6-1-93
Spud Date 6-1-93 Date Reached TD _____ Completion Date _____

API NO. 15- 109-20,550
County Logan
C SW NW Sec. 15 Twp. 12S Rge. 33 X E
3300' Feet from S (circle one) Line of Section
4620' Feet from E (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)
Lease Name Michaelis Well # 2
Field Name unknown
Producing Formation LKC
Elevation: Ground 3109' KB 3114'
Total Depth 4750' PBTD _____
Amount of Surface Pipe Set and Cemented at 326' 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 D & B 8-23-93
(Data must be collected from the Reserve Pit)
Chloride content 43,000 ppm Fluid volume 980 bbls
Dewatering method used evaporation
Location of fluid disposal if hauled offsite: _____
Operator Name N/A
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 82-3-130, 82-3-106 and 82-3-107 apply. Information on 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 Jack K. Wharton
Title Vice Pres
Subscribed and sworn to before me this 3rd day of August, 19 93.
Notary Public Angela Woodard
Date Commission Expires 3-20-97

ANGELA WOODARD
Notary Public - State of Kansas
My Comm. Expires _____
K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
L Wireline Log Received
C Geologist Report Received
Distribution
 KCC SWD/Rep NGPA
 KGS Plug Other
(Specify) IS

103332

SIDE TWO

Operator Name A. L. Abercrombie, Inc. Lease Name Michaelis Well # 2
 East County Logan
 Sec. 15 Twp. 12S Rge. 33 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.)	<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 type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No	Heebner	4030'	(-916')
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Toronto	4057'	(-943')
List All E.Logs Run:		Lansing	4068'	(-954')
		Muncie Creek	4219'	(-1105')
		Stark Shale	4306'	(-1192')
		BKC	4365'	(-1251')
		Marmaton	4407'	(-1293')
		Pawnee	4502'	(-1388')
		Ft Scott	4557'	(-1443')
		Cherokee Shale	4585'	(-1371')
		Johnson Zone	4625'	(-1511')
		Mississippi	4706'	(-1592')

DST's 1 & 2 on attached sheet

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

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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj.	Producing Method	<input type="checkbox"/> Flowing	<input type="checkbox"/> Pumping	<input type="checkbox"/> Gas Lift	<input type="checkbox"/> Other (Expl)	
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

Production Interval: _____