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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 # ..... 6039 .....  
Name ..... L.D. Drilling, Inc. ....  
Address ..... RR 1, Box 183, B .....  
City/State/Zip ..... Great Bend, KS 67530 .....

Purchaser .....

Operator Contact Person ..... L.D. Davis .....  
Phone ..... 316-793-3051 .....

Contractor: License # ..... 5864 .....  
Name ..... IOBO Drilling Co. ....

Wellsite Geologist ..... Kim Shoemaker .....  
Phone ..... 316-884-9709 .....

Designate Type of Completion  
 New Well     Re-Entry     Workover  
  
 Oil                       SWD                       Temp Abd  
 Gas                       Inj                       Delayed Comp.  
 Dry                       Other (Core, Water Supply etc.)  
If **OWWO**: old well Info as follows:  
Operator .....,  
Well Name .....,  
Comp. Date ..... Old Total Depth .....

WELL HISTORY

Drilling Method:  
 Mud Rotary     Air Rotary     Cable  
  
..... 7-12-86                      .. 7-20-86 .....                      .. 7-20-86 .....  
Spud Date                      Date Reached TD                      Completion Date  
  
..... 4600' .....  
Total Depth                      PBTD  
  
Amount of Surface Pipe Set and Cemented at ..... 376' ..... feet  
Multiple Stage Cementing Collar Used?     Yes     No  
If yes, show depth set ..... feet  
If alternate 2 completion, cement circulated  
from ..... feet depth to ..... w/ ..... SX cmt  
Cement Company Name .....  
Invoice # .....

API NO. 15-..... 109-20,424 .....  
County ..... Logan .....  
150 W of ..... East  
SE SW NE ..... Sec. 15 ..... Twp. 13 ..... Rge. 33 .....  West

..... 2970 ..... Ft North from Southeast Corner of Section  
..... 1800 ..... Ft West from Southeast Corner of Section  
(Note: Locate well in section plat below)

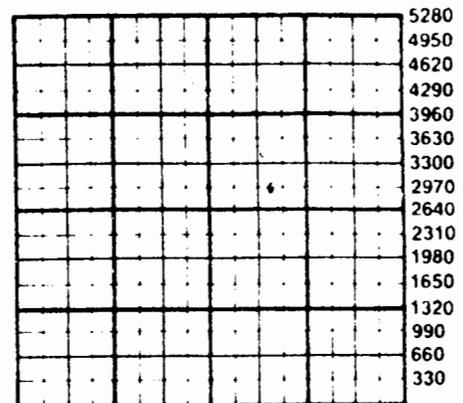
Lease Name ..... Smokey ..... Well # ..... 1 .....

Field Name .....

Producing Formation .....

Elevation: Ground ..... 2915 ..... KB ..... 2920 .....

Section Plat



**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 ..... 1320 Ft North from Southeast Corner  
(Stream, pond etc) ..... 2640 Ft West from Southeast Corner  
Sec 2    Twp 12    Rge 33     East     West

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

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. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

**SIDE TWO**

Operator Name L.D. Drilling, Inc. Lease Name Smokey Well # 1

Sec. 15 Twp. 13 Rge. 33  East  West County Logan

**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 3940-3965 50' Zone Time: 20-20-20-20  
 Recovery: 10' Mud - No shows  
 IFP: 39-39, FFP: 39-39 ISIP: 39, FSIP: 39

DST #2 4023-4055 140' Zone Time: 20-20-20-20  
 Recovery: 15' OSM show muddy oil in tool  
 IFP: 58-58 FFP: 62-62, ISIP: 212, FSIP: 180

DST #3 4053-4095 160' Zone Time: 20-20-20-20  
 Recovery : 5' mud  
 IFP: 29-29, FFP: 33-34  
 ISIP: 69, FSIP: 39

DST #4 4080-4150 180-200' Zone Time: 45-45-45-45  
 Recovery: 1600' muddy water  
 IFP: 137-470, FFP: 538-703, ISIP: 1140, FSIP: 1120

Name	Top	Bottom
Anhy	2375	2395
Heebner	3824	(-904)
Toronto	3844	(-924)
Lans. K/C	3867	(-947)
Stark Shale	4113	(-1193)
Base K/C	4178	(-1258)
Marmiton	4224	(-1304)
Pawnee	4320	(-1400)
Fort Scott	4377	(-1457)
Lower Cherokee	4404	(-1484)
Johnson	4450	(-1530)
Missippi	4545	(-1625)
LTD	4598	(-1678)

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	12 1/2"	8=5/8"	20#	376'	60/40 poz	230	2% gal. 3% cc

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
	<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (explain).....