

21-15-42w
COPY

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

Operator: License # 3581

Name: Red Oak Energy, Inc.

Address 200 W. Douglas, #510

City/State/Zip Wichita, Ks. 67202

Purchaser: _____

Operator Contact Person: Kevin Davis

Phone (316) 265-9925

Contractor: Name: Abercrombie RTD, Inc.

License: 30684

Wellsite Geologist: Scott Banks

Designate Type of Completion

New Well Re-Entry Workover

Oil SWD SLOW Temp. Abd.

Gas ENHR SIGW

Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover:

Operator: N/A

Well Name: _____

Comp. Date _____ Old Total Depth _____

Deepening Re-perf. Conv. to Inj/SWD

Plug Back PBTD

Commingled Docket No. _____

Dual Completion Docket No. _____

Other (SWD or Inj?) Docket No. _____

12-09-94 12-16-94 12-17-94

Spud Date 12-09-94 Date Reached TD 12-16-94 Completion Date 12-17-94

API NO. 15- 199-20,225

County Wallace

-N/2 - NW - NE Sec. 21 Twp. 15S Rge. 42 E W

330 Feet from S(N) (circle one) Line of Section

1993 Feet from E(W) (circle one) Line of Section

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

Lease Name Rother Farms Well # 1-21

Field Name Wildcat

Producing Formation D & A

Elevation: Ground 3886' KB 3891'

Total Depth 5250' PBTD 5249'

Amount of Surface Pipe Set and Cemented at 399.65 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&A 8/11-6-95
(Data must be collected from the Reserve Pit)

Chloride content 22,000 ppm Fluid volume 1000 bbls

Dewatering method used Evaporization

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 John C. Davis

Title President Date 2/9/95

Subscribed and sworn to before me this 9th day of February, 1995.

Notary Public Victoria Davis

My Commission Expires October 21, 1997

| | | |
|-------------------------------------|-------------------------------------|--|
| 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 type="checkbox"/> | Geologist Report Received |
| Distribution | | |
| <input checked="" type="checkbox"/> | KCC | <input type="checkbox"/> SWD/Rep |
| <input checked="" type="checkbox"/> | KGS | <input type="checkbox"/> Plug |
| <input type="checkbox"/> | | <input type="checkbox"/> NGPA |
| | | <input type="checkbox"/> Other (Specify) |



Operator Name Red Oak Energy, Inc. Lease Name Rother Farms Well # 1
 Sec. 21 Twp. 15S Rge. 42 East County Wallace
 West

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem tests given, 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: CDN
DIL
 No Geologist report made

Log Formation (Top), Depth and Datums Sample

| Name | Top | Datum |
|--------------|------|----------|
| Morrow Shale | 5044 | (- 1148) |
| Morrow Lime | 5144 | (- 1248) |
| Miss. | 5190 | (- 1294) |

| 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 |
| Surface | | 8 5/8" | 23# | 399.65 | 60/40pos | 250 | 3% 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 | | 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 (Explain) | | | |
| Estimated Production Per 24 Hours | Oil Bbls. | Gas Mcf | Water Bbls. | Gas-Oil Ratio | Gravity |

Disposition of Gas: **METHOD OF COMPLETION** **Production Interval**
 Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
 (If vented, submit ACO-18.) Other (Specify) _____