

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator License # 31086
Name: Richlan Drilling
Address: 598 2nd ave
City/State/Zip: Beaver, KS 67525
Purchaser: NCRA
Operator Contact Person: Rick Schreiber
Phone: (620) 793-2032
Contractor Name: B H & K Drilling LLC
License: 32868
Wellsite Geologist: Robert Schreiber
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/Re-entry: Old Well Info as follows:
Operator: _____
Well Name: _____
Original Comp. Date: _____ Original Total Depth: _____
 Deepening Re-perf. Conv. to Enhr./SWD
 Plug Back _____ Plug Back Total Depth _____
 Commingled _____ Docket No. _____
 Dual Completion _____ Docket No. _____
 Other (SWD or Enhr.?) _____ Docket No. _____
10/6/01 10/12/01
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-009-24720
County: Barton
100'S NW SE SE Sec. 25 Twp. 17 S. R. 12 East West
890 feet from / N (circle one) Line of Section
990 feet from / W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: B & D Well #: 5
Field Name: Drews Ext
Producing Formation: Arbuckle
Elevation: Ground: 1826 Kelly Bushing: 1834
Total Depth: 3600 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 290 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

(Data must be collected from the Reserve Pit)

Chloride content 10,000 ppm Fluid volume 400 bbls
Dewatering method used let dry
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
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 of 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: Rick L. Schreiber

Title: Owner Date: 4-9-02

Subscribed and sworn to before me this 9th day of April

19 2002.

Notary Public: Jane Schreiber

Date Commission Expires: 1-10-2006



JANE SCHREIBER
MY COMMISSION EXPIRES
January 10, 2006

KCC Office Use ONLY

Letter of Confidentiality Attached
If Denied, Yes Date: _____
 Wireline Log Received

Geologist Report Received

UIC Distribution

Operator Name: Richlan drilling Lease Name: B & D Well #: 5
 Sec. 25 Twp. 17 S. R. 12A East West County: Barton

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems 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 test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all electric Wireline Logs surveyed. Attach final geological well site report.

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)

Test All E. Logs Run:
 Eli Wireline Services - Radiation
 Guard Log

Log Formation (Top), Depth and Datum		Sample
Name	Top	Datum
Anhydrite	658	+1176
Topeka LS	2642	- 807
Heebner SH	2933	-1099
Brown LS	3039	-1205
Lansing LS	3054	- 220
BKC	3305	-1471
Arbuckle Dol	3392	-1558

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	# Sacs Used	Type and Percent Additives
surface	12 1/4"	8 5/8"	20#	290'	60/40	195	3 & 2
production	7 7/8"	5 1/2"	14#	3465'	SMD	125	D-Air CFR-2 Folceie

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

Casing Record		Size	Set At	Packer At	Liner Run
					<input type="checkbox"/> Yes <input type="checkbox"/> No

Kind of First, Resumed Production, SWD or Enhr.	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

Position of Gas Sold Used on Lease Open Hole Perf. Dually Comp. Commingled _____
(If vented, Sumit ACO-18.) Other (Specify) _____

METHOD OF COMPLETION Production Interval