

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

API NO. 15-.....135-23,264.....  
County.....Ness.....  
.....C.....SW.....NW.....Sec. 32.....Twp. 19.....Rge. 21.....East  
.....X.....West  
.....3300..... Ft North from Southeast Corner of Section  
.....4260..... Ft West from Southeast Corner of Section  
(Note: Locate well in section plat below)

Operator: License # 5184  
Name Shields Oil Producers, Inc.  
Address Shields Bldg.  
City/State/Zip Russell, KS. 67665

Lease Name..... Batt "C".....Well #.....1.....  
Field Name..... Schaben.....  
Producing Formation..... None.....  
Elevation: Ground..... 2273.....KB..... 2278

Purchaser..... None.....

Operator Contact Person M. L. Ratts  
Phone 913-483-3141

Contractor: License # 5655  
Name Shields Drlg., Co., Inc.

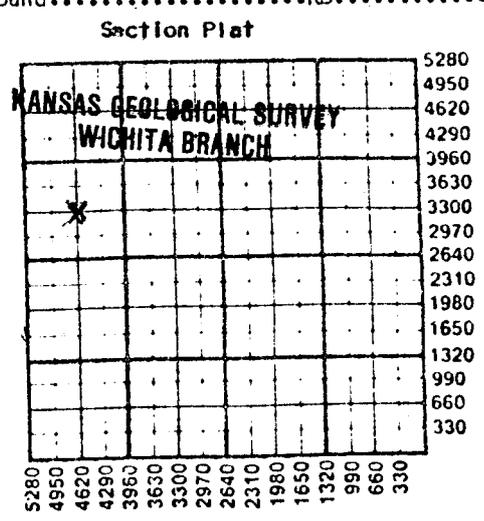
Wellsite Geologist Francis Whisler  
Phone 913-483-3020

Designate Type of Completion  
 New Well  Re-Entry  Workover  
 Oil  SWD  Temp Abd  
 Gas  Inj  Delayed Comp.  
 Dry  Other (Core, Water Supply etc.)

If OMWO: old well info as follows:  
Operator .....  
Well Name .....  
Comp. Date ..... Old Total Depth.....

WELL HISTORY

Drilling Method:  
 Mud Rotary  Air Rotary  Cable  
..... 8-1-88 ..... 8-9-88 ..... D & A.....  
Spud Date Date Reached TD Completion Date  
..... 4428 .....  
Total Depth PBTD  
Amount of Surface Pipe Set and Cemented at 622 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 # .....



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 #.....6220.....  
 Groundwater.....4620.....Ft North from Southeast Corner  
(Well) .....1320.....Ft West from Southeast Corner of  
Sec 3 Twp 21 Rge 22  East  West  
 Surface Water.....Ft North from Southeast Corner  
(Stream, pond etc).....Ft West from Southeast Corner  
Sec Twp Rge  East  West  
 Other (explain).....  
(purchased from city, R.W.D. #)

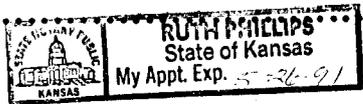
INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date of any well. Rule 82-3-130, 82-3-107 and 82-3-106 apply.  
Information on side two of this form will be held 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.

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 *M. L. Ratts*  
Title *Production Supt* Date *8-12-88*

Subscribed and sworn to before me this *12th* day of *August*  
19*88*.....  
Notary Public *Ruth Phillips*

Date Commission Expires.....



K.C.C. OFFICE USE ONLY  
F Letter of Confidentiality Attached  
C  Wireline Log Received  
C  Drillers Timelog Received  
Distribution  
 KCC  SWD/Rep  NGPA  
 KGS  Plug  Other  
(Specify)

Operator Name Shields Oil Producers, Inc. Lease Name Batt "C" Well # 1

Sec. 32 Twp. 19 Rge. 21  East  West County Ness

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

D.S.T. #1 4416-4423 Times 45-15 Rec. 20' Mud w/  
 2' Oil on Top  
 I.H.P. - 2315#  
 I.S.I.P. - 1107  
 I.F.P. - 16# to 16#  
 F.F.P. - 25# to 25#  
 F.H.P. - 2394#

Name	Top	Bottom
Anhydrite	1500	1534
Heebner Sh	3767	3771
Toronto Lm	3787	3807
L-K.C. Lm	3814	4131
Ft Scott Lm	4318	4339
Cherokee Sh	4339	4409
Mississippi		
Warsaw	4409	R.T.D.

D.S.T. #2 4417-4428 Times: 30-60 Rec. 60' Mud  
 and 10' SOCM

I.H.P. - 2321#  
 I.S.I.P. - 1282#  
 I.F.P. - 32# - 40#  
 F.F.P. - 48# - 57#  
 F.S.I.P. - 1266#  
 F.H.P. - 2314#

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 1/4	8 5/8	24	622	Quickset	250	
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				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).....						
Estimated Production Per 24 Hours	Oil Bbls	Gas MCF	Water Bbls	Gas-Oil Ratio	Gravity		

METHOD OF COMPLETION

Production Inter

Disposition of gas:  Vented  Open Hole  Perforation  
 Sold  Other (Specify) .....  
 Used on Lease  Dually Completed .....  
 Commingled .....