

5-265-11W

COPY

22,134

FORM MUST BE TYPED

SIDE ONE

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

Operator: License # 30128
Name: KENNETH S. WHITE
Address 200 E. First, Suite 405

City/State/Zip Wichita, Kansas 67202

Purchaser: _____
Operator Contact Person: Kenneth S. White
316 263-4007
Phone (____) _____

Contractor: Name: White & Ellis Drlg, Inc.
License: 5420

Wellsite Geologist: Tom Robinson

Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-Entry: old well info as follows:
Operator: _____
Well Name: _____
Comp. Date _____ Old Total Depth _____
 Deepening Re-perf. Conv. to Inj/SWD
 Plug Back _____ PSTD
 Commingled _____ Docket No. _____
 Dual Completion _____ Docket No. _____
 Other (SWD or Inj?) _____ Docket No. _____
1/19/95 1/27/95 1/27/95
Spud Date Date Reached TD Completion Date

API NO. 15- 151,221350000
County Pratt
-NW-NE-SW Sec. 5 Twp. 26 Rge. 11 xxv^E

2310 Feet from (S) (circle one) Line of Section
1650 Feet from (E) (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)

Lease Name Long Well # 3
Field Name Stark Northeast

Producing Formation _____
Elevation: Ground 1852' KB 1857'

Total Depth 4385' PSTD _____

Amount of Surface Pipe Set and Cemented at 253' 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 cat.

Drilling Fluid Management Plan D/A 3-28-96 JK
(Data must be collected from the Reserve Pit)

Chloride content 54,000 ppm Fluid volume 120 bbls
Dewatering method used Water Hauled

Location of fluid disposal if hauled offsite: _____

Operator Name Bullseye Roustabout

Lease Name Clark License No. 31056

Quarter Sec. 10 Twp. 26 Rge. 12 E/W

County Pratt Docket No. D21-405

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 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.

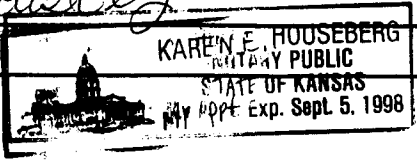
Signature Kenneth S. White

Title _____ Date 3/16/95

Subscribed and sworn to before me this 16 day of March, 1995.

Notary Public Karen E. Houseberg

Date Commission Expires _____



K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
 XCC SWD/Rep NSPA
 XGS Plug Other (Specify) _____
MAR 2 1995

W 1 - 202 - 8

SIDE TWO

Operator Name Kenneth S. White Lease Name Long Well # 3
 Sec. 5 Twp. 26 Rge. 11 East County Pratt
 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Heebner	3453	-1596
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Brown Lime	3640	-1783
List All E.Logs Run:		Lansing	3670	-1813
Dual Induction,		Lansing "H"	3783	-1926
Compensated Density/Neutron		Base K.C.	4014	-2157
		Cherokee Shale	4119	-2262
		Mississippi Chert	4247	-2390
		Mississippi Lime	4336	-2479

CASING RECORD <input type="checkbox"/> New <input checked="" 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	14-3/4"	10-3/4"	40#	253'	60/40 Poz Mix	225	2% Gel, 4% C.C.

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					
D & A			<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)					
Estimated Production Per 24 Hourly	Oil	Bbls.	Gas	Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas:	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, submit ACO-18.)	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	_____