

And

9177

3-27-12W
COPY

SIDE ONE

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

API NO. 15- 151-21,974

County Pratt

25'S & 100'W East
C-NE Sec. 3 Twp. 27 Rge. 12 West

3935 Ft. North from Southeast Corner of Section

1420 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)

Lease Name E.B. Studer B Well # 2

Field Name Stead So.

Producing Formation Mississippi

Elevation: Ground 1882' KB 1889'

Total Depth 4241' P8TD 4241'

Operator: License # 9232

Name: Timberline Oil & Gas Corp.

Address 4447 S. Canyon Rd - Suite 1

City/State/Zip Rapid City, SD 57702

Purchaser: None

Operator Contact Person: Brant C. Grote

Phone (605) 341-3400

Contractor: Name: Duke Drilling Co., Inc.

License: 5929

Wellsite Geologist: T.L. McCune

Designate Type of Completion
 New Well Re-Entry Workover

Oil SWD Temp. Abd.

Gas Inj Delayed Comp.

Dry Other (Core, Water Supply, etc.)

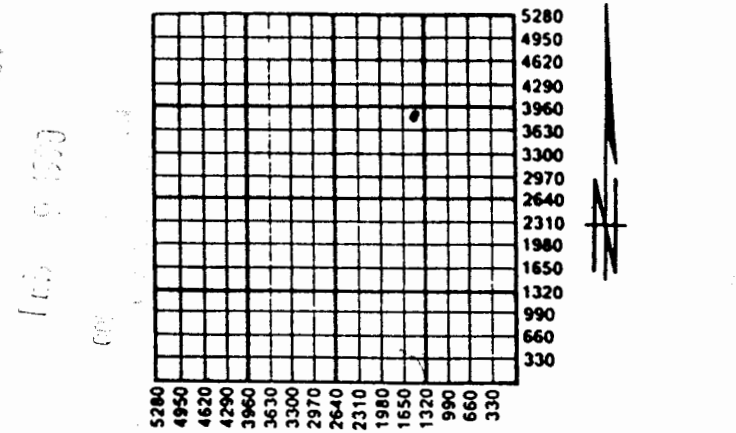
If OWMO: old well info as follows:
Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Drilling Method:
 Mud Rotary Air Rotary Cable

12-31-89 1-5-90 1-22-90
Spud Date Date Reached TD Completion Date



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 cmt.

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. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells. Any recompletion, workover or conversion of a well requires filing of ACO-2 within 120 days from commencement date of such work.

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 [Signature]

Title President Date 2/6/90

Subscribed and sworn to before me this 6th day of February, 1990.

Notary Public [Signature]

Date Commission Expires 3/30/90

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)

SIDE TWO

Operator Name Timberline Oil & Gas Corp. Lease Name E.B. Studer B Well # 2
 Sec. 3 Twp. 27 Rge. 12 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Formation Description <input checked="" type="checkbox"/> Log <input type="checkbox"/> Sample Name Top Bottom Mississippi chert 4194' 4230' |
| Samples Sent to Geological Survey | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Cores Taken | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Electric Log Run (Submit Copy.) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Dual Induction Dual Compensated Porosity Gamma Ray Neutron | | |

| CASING RECORD <input checked="" 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 | 12 1/2" | 8-5/8" | 20# | 253' | 60/40poz | 180 | |
| Production | 7-7/8" | 5 1/2" | 14# | 4194' | ASC | 50 | |
| PERFORATION RECORD | | | | Acid, Fracture, Shot, Cement Squeeze Record | | | |
| Shots Per Foot | Specify Footage of Each Interval Perforated | | | Amount and Kind of Material Used | | Depth | |
| Open hole | 4194-4241 | | | Frac w/ 35000# 20/40 and 15000# 12/20 sand, 943 13B1 | | 4194-42 | |
| 4 | 4053-57 | | | 300g Acid | | 4053-57 | |
| TUBING RECORD | | | | Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Date of First Production | | Producing Method | | Size | | Set At | |
| None | | <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Other (Explain) None | | None | | None | |
| Estimated Production Per 24 Hours | | Oil Bbls. | Gas Mcf | Water Bbls. | Gas-Oil Ratio | Gravity | |
| Trace | | 0 | 10 | | | | |

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION: Open Hole Perforation Dually Completed Commingled Other (Specify) _____

Production Interval: 4194-4241 OH
4053-57 pat