

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

Operator: License # 9313

Name: Jim Lorenz

Address 18080 Kiowa Rd.

Parsons, KS 67357

City/State/Zip _____

Purchaser: Flint Hills Energy

Operator Contact Person: Jim Lorenz

Phone (316) 421-6906

Contractor: Name: Thornton Drilling

License: 4815

Wellsite Geologist: _____

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/Reentry: Old Well Info as follows:

Operator: Ron Abderholden

Well Name: Eisele No. 51

Comp. Date 9-11-80 Old Total Depth 1215

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBTD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

9-8-80 9-11-80 9-11-80
 Date of Re-work Date Reached TD Completion Date

API NO. 15- 205-211410001

County Wilson

- NE- SW- NW Sec. 35 Twp. 29 Rge. 15 X E W

3630 Feet from (S)N (circle one) Line of Section

4290 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 Eisele Well # 51

Field Name Volunteer

Producing Formation Mulkey coal *

Elevation: Ground 1000 KB _____

Total Depth 1200 PBTD _____

Amount of Surface Pipe Set and Cemented at 36 Feet

Multiple Stage Cementing Collar Used? _____ Yes _____ No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 1231

feet depth to surface w/ 140 sx cmt.

Drilling Fluid Management Plan Att. 2 6-23-98
(Data must be collected from the Reserve Pit) Re-work U.C.

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used _____

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 _____

Title owner/operator Date 5/22/98

Subscribed and sworn to before me this 22nd day of May

1998 JUDY SAMBERT
 Notary Public
 My Appt. Expires 12/20/98

K.C.C. OFFICE USE ONLY

F Letter of Confidentiality Attached
 STC Wireline Log Received
 C Geologist Report Received

MAY 27 1998

Distribution
 KCC SWD/Rep KGPA
 KGS Plug Other
 Wichita, Kansas (Specify) IS

SIDE TWO

ORIGINAL

Operator Name Jim Lorenz Lease Name Eisele Well # 51

Sec. 35 Twp. 29 Rge. 15 East West

County Wilson

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
(Attach Additional Sheets.)
Samples Sent to Geological Survey Yes No
Cores Taken Yes No
Electric Log Run Yes No
(Submit Copy.)

Log Formation (Top), Depth and Datums Sample
Name Top Datum
see attached

List All E.Logs Run:

GAMMA RAY Neutron.

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	10"	6 5/8"		36	Portland	5	SURFACE CASING SET 9-8-80
production	6 3/4"	4 1/2"		1231	50/50 Poz thick set	95	
						45	

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
4	924' - 930'	10 sacks 20/40 sand	
		65 sacks 12/20 sand	

TUBING RECORD				Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Size	Set At	Packer At			
2 3/8	940'				
Date of First, Resumed Production, SMD or Inj.			Producing Method <input type="checkbox"/> Flowing <input checked="" 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
		50	20		

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

