

FORM MUST BE TYPED

CONFIDENTIAL

SIDE ONE

COPY 7/24/98

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

API NO. 15- 007-225800000 plugged 7/24/98

County Barber

50' N of W/2 SW - NW - Sec. 32 Twp. 31S Rge. 12 X W

Operator: License # 31881

Name: McGinness Oil Company of Kansas, Inc.

Address 150 N. Main, Suite 1026

Wichita, Kansas 67202

City/State/Zip

Purchaser: N/A

Operator Contact Person: Douglas H. McGinness

Phone (316) 267-6065

Contractor: Name: Pickrell Drilling Company

License: 5123

Wellsite Geologist: Douglas H. McGinness II

Designate Type of Completion

☒ New Well ☐ Re-Entry ☐ Workover

<input type="checkbox"/> Oil	<input type="checkbox"/> SMD	<input type="checkbox"/> SLOW	<input type="checkbox"/> Temp. Abd.
<input type="checkbox"/> Gas	<input type="checkbox"/> ENHR	<input type="checkbox"/> SIGW	
<input checked="" type="checkbox"/> Dry	<input type="checkbox"/> Other (Core, WSW, Expl., Cathodic, etc)		

If Workover:

Operator: NOV 2

Well Name: CONFIDENTIAL

Comp. Date Old Total Depth

<input type="checkbox"/> Deepening	<input type="checkbox"/> Re-perf.	<input type="checkbox"/> Conv. to Inj/SMD
<input type="checkbox"/> Plug Back		PSTD
<input type="checkbox"/> Commingled	Docket No.	
<input type="checkbox"/> Dual Completion	Docket No.	
<input type="checkbox"/> Other (SMD or Inj?)	Docket No.	

9/14/98	9/23/98	
Spud Date	Date Reached TD	Completion Date

3350 Feet from S/N (circle one) Line of Section

4950 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 Frieden Well # 1

Field Name Medicine River Ext.

Producing Formation N/A

Elevation: Ground 1534 KB 1539

Total Depth 4606 PSTD plugged

Amount of Surface Pipe Set and Cemented at 339' Feet

Multiple Stage Cementing Collar Used? Yes X No

If yes, show depth set Feet

If Alternate II completion, cement circulated from

feet depth to w/ sx cmt.

Drilling Fluid Management Plan P4A, 2-22-99 U.C.
(Data must be collected from the Reserve Pit)

Chloride content ppm Fluid volume bbls

Dewatering method used Hauled off

Location of fluid disposal if hauled offsite:

Operator Name Great Plains Fluid Service

Lease Name Watson #2 License No. 8061

SW Quarter Sec. 8 Twp. 29S S Rng. 15W E/W

County Pratt Docket No. d-24324

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.

and 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 Douglas H. McGinness


Title CEO Date 11/2/98

Subscribed and sworn to before me this 2nd day of November 19 98.

Notary Public

Date Commission Expires 2/7/2000

K.C.C. OFFICE USE ONLY		
F	<input checked="" type="checkbox"/>	Letter of Confidentiality Attached
C	<input checked="" type="checkbox"/>	Wireline Log Received
C	<input checked="" type="checkbox"/>	Geologist Report Received
Distribution		
<input checked="" type="checkbox"/> KCC	<input type="checkbox"/> SMD/Rep	<input checked="" type="checkbox"/> NGPA
<input type="checkbox"/> KGS	<input type="checkbox"/> Plug	<input type="checkbox"/> Other
IDG (Specify)		

 DONNA L. JESPERSEN
Notary Public - State of Kansas
My Appt. Expires 2/7/2000

RELEASED
Form ACO-1 (7-91)

NOV 0 5 2000

FROM CONFIDENTIAL

SIDE TWO

Operator Name McGinness Oil Company of Kansas, INC. Lease Name Frieden Well # 1
 Sec. 32 Twp. 31S Rge. 12 ☐ East ☒ West
 County Barber

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.)
 List All E.Logs Run:

☒ Log Formation (Top) Depth and Datums ☐ Sample

Name	Top	Datum
Huebner	349'	(-1958)
Lansing	3685'	(-2146)
Mississippian	4218'	(-2679)
Viola	4436'	(-2897)
Simpson Sand	4528'	(-2989)
RTD/LTD	4606'	(-3067)

CASING RECORD

☒ New ☐ 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"	23	339	60/40 Pozmix	200	2%gel 3% CaCl ₂

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

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SMD or Inj.	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
N/a				
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity

Disposition of Gas: METHOD OF COMPLETION

Production Interval

☐ Vented ☐ Sold ☐ Used on Lease
 (If vented, submit ACO-18.)

☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Conmingled
☐ Other (Specify) _____