

ACO-1

Oil & Gas Conservation Division

September 1999

WELL COMPLETION FORM
WELL HISTORY- DESCRIPTION OF WELL & LEASE

Form Must be Typed

Operator License #: 8061

Name: Oil Producers, Inc. of Kansas

Address: P.O. Box 8647

City/State/Zip: Wichita, Ks. 67208

Purchaser:

Operator Contact Person: Diana Richecky

Phone: (316) 681-0231

Contractor Name: Comanche Well Service LLC

License: 5929

Wellsite Geologist:

Designate Type of Completion:

New Well Re-Entry Workover
Oil X SWD SIOW Temp. Abd.
Gas ENHR SIGW
Dry Oher (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:

Operator:

Well Name: Robbins

Original Comp. Date: 6/12/62 Original Total Depth: 4923

Deepening Re-perf. X Conv. To Enhr./SWD

Plug Back 4642 Plug Back Total Depth

Commingled Docket No.

Dual Completion Docket No.

x Other SWD or Enhr.? Docket No. Pending

7/9/2002 7/17/2002 7/17/2002\
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 033-10081-0001
6/12/62

County: Comanche

- C - NW Sec. 6 Twp. 31 S. R. 16 East West

3960 feet from S N (circle one) Line of Section

3960 feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: Robbins Well #: 1

Field Name:

Producing Formation: Lansing

Elevation: Ground: 2067' Kelly Bushing: 2077'

Total Depth: 5866' Plug Back Total Depth: 5826'

Amount of Surface Pipe Set and Cemented at 786 Feet

Multiple Stage Cement Collar Used? Yes No

If yes, show depth set

If Alternate II completion, cement circulated from

feet depth to w/ sx cmt.

Drilling Fluid Management Plan: WYNDOW EN B. 7. CD.

(Data must be collected from the Reserve Pit)

Chloride content ppm. Fluid volume

Dewatering method used

Location of fluid disposal if hauled offsite:

Operator Name:

Lease Name: License No.

Quarter Sec. Twp. S. R. East West

County Docket No.:

INSTRUCTIONS: An original and two copies of this form shall be filed with 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 82-3-120 and 82-3-107 apply. Information of side two of this form will 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 Gregory J. Gleason
Title: President Controller Date: 7-19-02

Subscribed and sworn to before me this 19th day of July 2002

Notary Public Maria L. Probst Date Commission

KCC Office Use ONLY
Letter of Confidentiality Attached
If Denied, Yes Date
Wireline Log Received
Geological Report Received
UIC Distribution

Operator Name: Oil Producers, Inc. of Kansas Lease Name: Robbins Well #: 1

Sec. 6 Twp. 31 S. R. 16 East West County: Comanche

INSTRUCTIONS: show important tops and base of formations penetrated. Detail all cores. Report all final copies of 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 test, along with final chart(s). Attached extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological wellsite report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Attach Additional Sheets) 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Logs:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set- conductor, surface, intermediate, production, etc.							
Purpose of String Percent	Size Hole	Size Casing	Weight	Setting	Type of	# Sacks	Type and
	Drilled	Set (in O.D)	Lbs./ Ft.	Depth	Cement	Used	
Additives							
Conductor							
Surface							
Production							

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose	Depth	Type of Cement	# sacks used	Type and Percent Additives
___ Perforate				
___ Protect Casing				
___ Plug Back TD				
___ 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
		SEE ATTACHED INITIAL COMPLETION REPORT	same

TUBING RECORD	Size 2 7/8	Set At 5790'	Packer At
		Liner Run	+++ ++ +++ Yes +++ No
Date of First, Resumed Production, SWD or Inj.:			
Producing Method	Estimated Production	Oil Bbls. / Gas Mcf / Water Bbls.	Flowing Pumping Gas Lift Other (Explain) Gas-Oil Ratio Gravity
		7 BOPD / 20 BWPD	

Disposition of Gas:	METHOD OF COMPLETION		Production Interval
+++ Vented	+++ Sold	+++ Used on Lease	+++ Open Hole
+++ Perf.	+++ Dually Comp.	+++ Commingled	___ See report ___