

KANSAS



State Geological Survey
WICHITA BRANCH

WELL COMPLETION REPORT AND
DRILLER'S LOG

API No. 15 — 033 — 20420
County Number

S. 9 T. 31S R. 17 W
Loc. 1910 FSL 2135 FWL, C NE SW
County Comanche

Operator: Energetics, Inc.

Address: 102 Inverness Terrace East

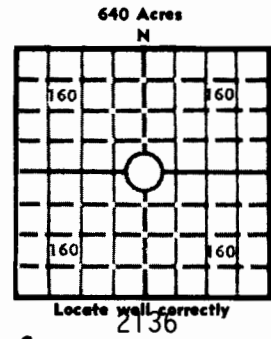
Well No. 23-9 Lease Name Yost

Footage Location: 1910 FSL (feet from (N) (S) line) 2135 FWL (feet from (E) (W) line)

Principal Contractor: Rine Drilling Co. Geologist: GX Consulting Geologists

Spud Date: 4-25-81 Date Completed: 8-5-81 Total Depth: 5185 P.B.T.D.: 5072

Directional Deviation: 1 1/4° at 5185 Oil and/or Gas Purchaser:



Elev.: Gr. _____
DF _____ KB 2148

CASING RECORD

Report of all strings set — surface, intermediate, production, etc.

Purpose of string	Size hole drilled	Size casing set (in O.D.)	Weight lbs/ft.	Setting depth	Type cement	Sacks	Type and percent additives
Surface	12 1/4	8-5/8"	24	535'	Howco Light/A	325	3% CaCl 10# Gilsonite
Production	7-7/8	4 1/2"	10.5	5166	50-50 Pozmix	430	

LINER RECORD

PERFORATION RECORD

Top, ft.	Bottom, ft.	Sacks cement	Shots per ft.	Size & type	Depth interval
			3	.39 Hyperdome2	5053-5065
			3	.39 Hyperdome2	4910-4922

ACID, FRACTURE, SHOT, CEMENT SQUEEZE RECORD

Amount and kind of material used	Depth interval treated
None	

INITIAL PRODUCTION

Date of first production: _____ Producing method (flowing, pumping, gas lift, etc.): _____

Condensate: 6 bbls. Gas: 4066 MCF Water: 0 bbls. Gas-oil ratio: NA CFPB

Disposition of gas (vented, used on lease or sold): SI WO Pipeline Producing interval(s): 4910-4922; 5053-5065

INSTRUCTIONS: As provided in KCC Rule 82-2-125, within 90 days after completion of a well, one completed copy of this Drillers Log shall be trans-
mitted to the State Geological Survey of Kansas, 4150 Monroe Street, Wichita, Kansas 67209. Copies of this form are available from the Conservation
Division, State Corporation Commission, 245 No. Water, Wichita, Kansas 67202. Phone AC 316-522-2206. If confidential custody is desired, please note
Rule 82-2-125. Drillers Logs will be on an open file in the Oil and Gas Division, State Geological Survey of Kansas, Lawrence, Kansas 66044.

	Date Received
Signature <i>R. L. Johnson</i>	
Title	
Date	

WELL LOG			
DEPTH	NAME	TOP	FORMATION DESCRIPTION, CONTENTS, ETC.
			<p>DST #1</p> <p>No cushion used. Tool open 105' Flowed 3,274 mmcf after 15 min. Increased to 6.14 mmcf after 105 min.</p> <p>Rec. 10' condensate</p> <p>IFF 1236-1168 FFP 798-914 ISP 1765 FSP 1782</p> <hr/> <p>Porosity Zones: 4910-4922</p> <p>Marmaton (Max 18% by Log SW 18%)</p> <p>5066-76</p> <p>Warsaw (Porosity Max 25% SW 50%)</p>
3000'	Council Grove		
4190'	Hebner		
4345'	Brown Ls		
4365'	Lansing		
4730'	Base Ks. City		
4745'	Marmaton		
4930'	Cherokee		
5000'	Miss. Warsaw		
5060'	Miss. Osage		
	Logs: DIL/GR CNL/FDC/GR GHC/TTI	4908	
	TOPS:	4953	

USE ADDITIONAL SHEETS, IF NECESSARY, TO COMPLETE WELL RECORD.

Well No. 23-9 Lease Name Yost	SHOW GEOLOGICAL MARKERS, LOGS RUN, OR OTHER DESCRIPTIVE INFORMATION. Show all important zones of porosity and contents thereof; cored intervals, and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries.
DESIGNATE TYPE OF COMP.: OIL, GAS, DRY HOLE, SWD, ETC.:	Gas-Dual
Energetics, Inc.	9 T 31SR 17 W

9-315-176

COPY

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

API NO. 15- 033-20420

County COMANCHE

C - NE - SW Sec. 9 Twp. 31S Rge. 17W E
W

_____ Feet from S/W (circle one) Line of Section

_____ 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 YOST Well # 23-9

Field Name WILMORE

Producing Formation MARMATON/MISSISSIPPIAN

Elevation: Ground 2136 KB 2148

Total Depth 5188 PBDT 5188

Amount of Surface Pipe Set and Cemented at 540 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 OK JK 2-25-97
(Data must be collected from the Reserve Pit) N/A

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. _____

erator: License # 03142

Name: VERNON E. FAULCONER, INC.

Address P.O. BOX 7995

City/State/Zip TYLER, TEXAS 75711

Purchaser: KANSAS GAS SUPPLY

Operator Contact Person: DEE DEE COTTRELL

Phone (903) 581-4382

Contractor: Name: _____

License: _____

Wellsite Geologist: _____

Designate Type of Completion
_____ New Well X Re-Entry _____ Workover

X Oil _____ SWD _____ SLOW _____ Temp. Abd.
Gas _____ ENHR _____ SIGW
Dry _____ Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Reentry: Old Well Info as follows:

Operator: VERNON E. FAULCONER, INC.

Well Name: YOST

Comp. Date 8/87 Old Total Depth 5072

_____ Deepening _____ Re-perf. _____ Conv. to Inj/SWD
_____ Plug Back _____ PBDT
X Commingled _____ Docket No. CO 1971
_____ Dual Completion _____ Docket No. _____
_____ Other (SWD or Inj?) _____ Docket No. _____

4/25/81 5/6/81 8/81
Spud Date Date Reached TD Completion Date

* Packer was removed between Marmaton and Mississippi, 1997

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 _____

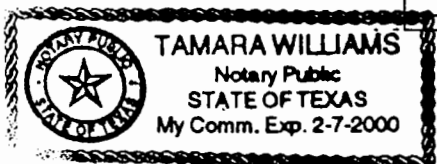
Title ENGINEER Date 1/31/97

Subscribed and sworn to before me this 31 day of JANUARY, 19 97.

Notary Public Tamara Williams

Commission Expires 2-7-2000

K.C.C. OFFICE USE ONLY
F _____ Letter of Confidentiality Attached
C _____ Wireline Log Received
C _____ Geologist Report Received
Distribution
KCC _____ SWD/Rep _____ NGPA
KGS _____ Plug _____ Other _____
(Specify)



Operator **Y90** **VERNON E. FAULKNER, INC.**

Lease Name YOST Well # 23-9

Sec. 9 Twp. 31S Rge. 17
 East
 West

County COMANCHE

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 type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datums	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E.Logs Run:				

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	12 1/2	8 5/8	24#	540'	LITE/A	150/75	
PROD	7 7/8	4 1/2	10.5#	5188'	50/50 POZ	325	

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input checked="" type="checkbox"/> Perforate	5074-75	50/50 POZ	98	
<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	4910-4922		
4	5053-5065		

TUBING RECORD	Size 2 3/8	Set At 5040	Packer At 5040	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj. 8/81	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> PLUNGER Other (Explain)			
Estimated Production Per 24 Hours	Oil 0 Bbls.	Gas 205 Mcf	Water 0 Bbls.	Gas-Oil Ratio 2000,000/1 Gravity .625

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

METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled

Production Interval: Other (Specify) _____