

**CONFIDENTIAL**KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISIONForm ACO-1  
September 1999  
Form Must Be Typed**WELL COMPLETION FORM****WELL HISTORY - DESCRIPTION OF WELL & LEASE****RELEASED**Operator: License # 32384Name: Comanche Resources CompanyJUL 12 2002Address: 9520 N. May, Ste 330City/State/Zip: Oklahoma City, Oklahoma 73120Purchaser: EOTT EnergyOperator Contact Person: Rachel LaubaughPhone: (405) 755-5900 ext 27**KCC**Contractor: Name: Val Energy

License:

Wellsite Geologist: Dennis Fauchier

Designate Type of Completion:

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

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

Operator: \_\_\_\_\_

Well Name: \_\_\_\_\_

Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_

Deepening    Re-perf.    Conv. to Enhr./SWD  
 Plug Back    Plug Back Total Depth  
 Comminged   Docket No. CO 050204  
 Dual Completion   Docket No. \_\_\_\_\_  
 Other (SWD or Enhr.?)   Docket No. \_\_\_\_\_

11/5/00   Spud Date or Recompletion Date11/18/00   Date Reached TD12/22/00   Completion Date or Recompletion Date

**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 of 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: Rachel LaubaughTitle: Production Asst. Date: 01/26/01Subscribed and sworn to before me this 26<sup>th</sup> day of January, 2001Notary Public: Janice SillieDate Commission Expires: 11-06-03

18-31-19W

**ORIGINAL**API No. 15 - 033-21158County: Comanche, Kansass/2, s/2, n/2   Sec. 18   Twp. 31   S. R. 19    East    West400'   feet from S (N) (circle one) Line of Section2400'   feet from E (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE   SE   **NW**   SWLease Name: Lohrding Unit   Well #: 1Field Name: WildcatProducing Formation: Mississippi, SwopeElevation: Ground: 2119'   Kelly Bushing: 2129'Total Depth: 5350'   Plug Back Total Depth: \_\_\_\_\_Amount of Surface Pipe Set and Cemented at 656'   FeetMultiple 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.

**Drilling Fluid Management Plan**

(Data must be collected from the Reserve Pit)

Re 1 EH 6-21-02

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. R. \_\_\_\_\_  East    West

County: \_\_\_\_\_ Docket No.: \_\_\_\_\_

**KCC Office Use ONLY** Letter of Confidentiality Attached If Denied, Yes  Date: \_\_\_\_\_ Wireline Log Received Geologist Report Received UIC Distribution

Operator Name: Comanche Resources Company Lease Name: Lohrding Unit Well #: 1  
 Sec. 18 Twp. 31 S. R. 19  East  West County: Comanche, Kansas

**INSTRUCTIONS:** Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems 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). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Lansing	4,346' -2,217'
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fort Scott	4,986' -2,857'
List All E. Logs Run:		Mississippi	5,092 -2,963
Dual Induction Compensated Density/Neutron Microlog			

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 Casing	12 1/4"	8 5/8"	24#	656'	Coman/ALW	350	
Production	7 7/8"	4 1/2"	11.6#	5,355'	Class "H"	235	

## ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose:  <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives

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
3	5,098' - 5,124'	4,000 GA 7.5% NEFE	
4	4,733' - 4,738'	500 GA 7.5% NEFE	

TUBING RECORD	Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	2 3/8"	5,185'				

Date of First, Resumed Production, SWD or Enhr. 1/17/01	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
	15	0	40			

Disposition of Gas **METHOD OF COMPLETION** Production Interval

Vented  Sold  Used on Lease  
(If vented, Sumit ACO-18.)  Open Hole  Perf.  Dually Comp.  Commingled \_\_\_\_\_  
 Other (Specify) \_\_\_\_\_