

FORM MUST BE TYPED

SIDE ONE

17-33-12W
COPY

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

Operator: License # 30224

Name: Dominion Oil & Gas Corporation

Address 107 North Market - Suite 1115

City/State/Zip Wichita, KS 67202

Purchaser: _____

Operator Contact Person: Kent Deutsch

Phone (316) 267-5117

Contractor: Name: Duke Drilling Co., Inc.

License: 5929

Wellsite Geologist: Kent Deutsch

Designate Type of Completion

New Well Re-Entry Workover

Oil SVD S10W Temp. Abd.

Gas ENHR SIGW

Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-Entry: old well info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Deepening Re-perf. Conv. to Inj/SVD

Plug Back PSTD

Commingled Docket No. _____

Dual Completion Docket No. _____

Other (SVD or Inj?) Docket No. _____

12-15-93 12-21-93 12-21-93

Spud Date Date Reached TD Completion Date

API NO. 15- 007-22,430

County Barber

43 S & 139 W of 01 E

SW - NE - NE - Sec. 17 Twp. 33 Rge. 12 X W

4247 Feet from S (circle one) Line of Section

1129 Feet from E (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)

Lease Name Bartholow Well # 4-17

Field Name Boggs

Producing Formation _____

Elevation: Ground 1519 KB 1527

Total Depth 4600' PSTD _____

Amount of Surface Pipe Set and Cemented at 315 Feet

Multiple 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 D & A CB6694
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used _____

Location of fluid disposal if hauled offsite
RECEIVED
KANSAS CORPORATION COMMISSION

Operator Name _____

Lease Name _____ License No. _____

Quarter _____ Sec. _____ **CONSERVATION DIVISION** E/W

County _____ Docket No. **WICHITA, KS**

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, 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 Kent Deutsch

Title Owner Date 3-2-94

Subscribed and sworn to before me this 2nd day of March

Notary Public P. Dapine J. Star

Date Commission Expires 10-1-97

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"/> SVD/Rep
<input checked="" type="checkbox"/>	KGS	<input type="checkbox"/> Plug
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> NGPA
		<input type="checkbox"/> Other
		(Specify)

SIDE TWO

Operator Name Dominion Oil & Gas Corp. Lease Name Bartholow Well # 4-17
 Sec. 17 Twp. 33 Rge. 12 East County Barber
 West

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 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	Heebner Sh	3670	-2142
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Lansing	3848	-2321
		Basic K.C.	4332	-2805
		Mississippi	4414	-2887

List All E.Logs Run: Comp. Neutron Density
Dual Induction
Proteus

CASING RECORD <input checked="" 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"	20#	315'	60/40 poz	190	2% gel 3% c

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Add'tives
<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	Acid, Fracture, Shot, Cement Squeeze Record
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used) Depth

TUBING RECORD Size Set At Packer At Liner Run Yes No

Date of First, Resumed Production, SWD or Inj. Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

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