

2216

COP *and*

SIDE ONE

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

Operator: License # 5058

Name: Griggs Oil, Inc.

Address 107 N. Market

Suite 800

City/State/Zip Wichita, KS 67202

Purchaser: _____

Operator Contact Person: Jim Collins

Phone (316) 267-7779

Contractor: Name: Abercrombie RTD Inc.

License: 30684

Wellsite Geologist: Kris Kennedy

Designate Type of Completion
 New Well Re-Entry Workover

Oil SMD Temp. Abd.
 Gas Inj Delayed Comp.
 Dry Other (Core, Water Supply, etc.)

NOTE: old well info as follows:
Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Drilling Method:
 Mud Rotary Air Rotary Cable

7-29-91 8-4-91

Spud Date _____ Date Reached TD _____ Completion Date _____

API NO. 15- 065-22643

County Graham

60' ECW1/2SESW Sec. 3 Twp. 7 Rge. 23 East West

660 Ft. North from Southeast Corner of Section

3135 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)

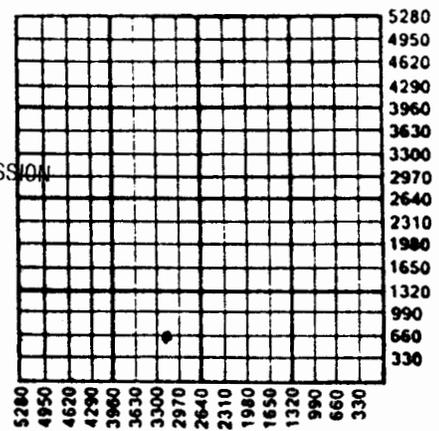
Lease Name Fountain Well # 3

Field Name MT ETNA NW

Producing Formation KC

Elevation: Ground 2352 KB 2357

Total Depth 3840 PBD _____



Amount of Surface Pipe Set and Cemented at 207 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 _____

RECEIVED
STATE CORPORATION COMMISSION

AUG 22 1991

CONSERVATION DIVISION
Wichita, Kansas

BIT D+D

INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date of any well. Rule 82-3-130, 82-3-107 and 82-3-106 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 drillers time log shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-1 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells. Any recompletion, workover or conversion of a well requires filing of ACO-2 within 120 days from commencement date of such work.

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 William D Berg

Title Prod supt Date 8/21/91

Subscribed and sworn to before me this 21st day of August, 19 91.

Notary Public Virginia Lee Smith

Date Commission Expires August 25, 1991



K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Drillers TimeLog Received

Distribution
 KCC SWD/Rep NGPA
 KGS Plug Other
(Specify)

SIDE TWO

Operator Name Griggs Oil, Inc. Lease Name Fountain Well # 3
 Sec. 3 Twp. 7 Rge. 23 East County Graham
 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Attach Additional Sheets.) Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy.)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: center;">Formation Description</th> </tr> <tr> <td></td> <td style="text-align: center;"><input checked="" type="checkbox"/> Log</td> <td style="text-align: center;"><input type="checkbox"/> Sample</td> </tr> <tr> <td style="text-align: center;">Name</td> <td style="text-align: center;">Top</td> <td style="text-align: center;">Bottom</td> </tr> <tr> <td>Anhydrite</td> <td style="text-align: center;">2029'</td> <td></td> </tr> <tr> <td>B. Anhydrite</td> <td></td> <td style="text-align: center;">2062'</td> </tr> <tr> <td>Heebner</td> <td style="text-align: center;">3587'</td> <td></td> </tr> <tr> <td>Lansing</td> <td style="text-align: center;">3628'</td> <td></td> </tr> <tr> <td>BKC</td> <td></td> <td style="text-align: center;">3819'</td> </tr> <tr> <td>LTD</td> <td style="text-align: center;">3840'</td> <td></td> </tr> </table>	Formation Description				<input checked="" type="checkbox"/> Log	<input type="checkbox"/> Sample	Name	Top	Bottom	Anhydrite	2029'		B. Anhydrite		2062'	Heebner	3587'		Lansing	3628'		BKC		3819'	LTD	3840'	
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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	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"	28#	207	60-40pds	170	3%cc 2%gel
PERFORATION RECORD				Acid, Fracture, Shot, Cement Squeeze Record			
Shots Per Foot	Specify Footage of Each Interval Perforated			(Amount and Kind of Material Used)			Depth
TUBING RECORD				Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Size	Set At	Packer At				
Date of First Production	Producing Method <input type="checkbox"/> Flowing <input 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

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

METHOD OF COMPLETION

Open Hole Perforation Dually Completed Commingled

Other (Specify) _____

Production Interval _____