

COPY
30-8-15W

SIDE ONE

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

API NO. 15- 141-20,254

County Osborne

N/2 S/2 SE Sec. 30 Twp. 8 Rge. 15 East West

990 Ft. North from Southeast Corner of Section

1320 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)

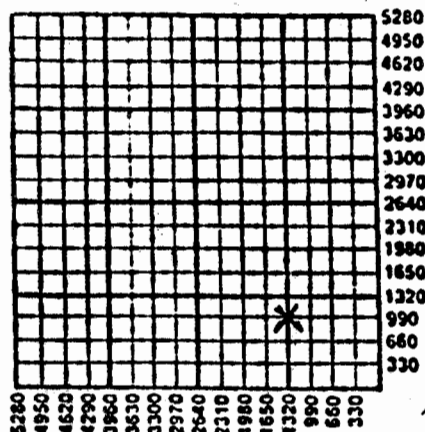
Lease Name Griffin "B" Well # 1

Field Name Wildcat

Producing Formation None

Elevation: Ground 1968 KB 1973

Total Depth 3425 P8TD



Amount of Surface Pipe Set and Cemented at 224 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate IS completion, cement circulated from _____

feet depth to _____ w/ _____ sx cmt.

Operator: License # 5184

Name: Shields Oil Producers, Inc.

Address Shields Bldg.

City/State/Zip Russell, KS 67665

Purchaser: None

Operator Contact Person: M. L. Ratts

Phone (913) 483-3141

Contractor: Name: Shields Drlg., Co., Inc.

License: 5655

Wellsite Geologist: Dave Schumaker

Designate Type of Completion

New Well Re-Entry Workover

Oil SWD Temp. Abd.

Gas Inj Delayed Comp.

Dry Other (Core, Water Supply, etc.)

If OWD: old well info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Drilling Method:

Mud Rotary Air Rotary Cable

9-24-90 10-1-90 10-1-90

Spud Date Date Reached TD Completion Date

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-4 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 M. L. Ratts

Title Production Dept Date 10-11-90

Subscribed and sworn to before me this 11th day of October, 19 90.

Notary Public Ruth Phillips

Date Commission Expires _____



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)

1010/506

SIDE TWO

Operator Name Shields Oil Producers, Inc. Lease Name Griffin "B" Well # 1
 East County Osborne
 Sec. 30 Twp. 8 Rge. 15 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.

<p>Drill Stem Tests Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Attach Additional Sheets.)</p> <p>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Submit Copy.)</p>	<p style="text-align: center;">Formation Description</p> <p><input type="checkbox"/> Log <input checked="" type="checkbox"/> Sample</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;">Name</th> <th style="width:20%;">Top</th> <th style="width:20%;">Bottom</th> </tr> </thead> <tbody> <tr> <td>Anhydrite</td> <td>1232</td> <td>1265</td> </tr> <tr> <td>Topeka Lm</td> <td>2879</td> <td>3106</td> </tr> <tr> <td>Heebner Sh</td> <td>3106</td> <td>3110</td> </tr> <tr> <td>Toronto Lm</td> <td>3130</td> <td>3140</td> </tr> <tr> <td>L-KC Lm</td> <td>3152</td> <td>3420</td> </tr> </tbody> </table>	Name	Top	Bottom	Anhydrite	1232	1265	Topeka Lm	2879	3106	Heebner Sh	3106	3110	Toronto Lm	3130	3140	L-KC Lm	3152	3420
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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 1/4	8 5/8	20	224	Quickset	145	
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			
Date of First Production	Producing Method	Size	Set At	Packer At			
	<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			Gravity

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

METHOD OF COMPLETION

Open Hole Perforation Dually Completed Comingled

Other (Specify) _____

Production Interval _____

COPY

Shields

OIL PRODUCERS, INC.

R. L. SHIELDS, President

Russell, Kansas



FORM ACO-1 DRILL STEM TESTS

SHIELDS OIL PRODUCERS, INC. LEASE Griffin "B" #1

D.S.T. #1 2897-2920 Times: 30-45-45-45

I.H.P. 1597 I.F.P. 75-84 I.S.I.P. 647

F.F.P. 91-101 F.S.I.P. 160 F.H.P. 1578

Recovery: 15' Mud W/show oil

D.S.T. #2 3225-3270 Times: 30-30-30-30

I.H.P. 1788 I.F.P. 142-227 I.S.I.P. 907

F.F.P. 269-319 F.S.I.P. 874 F.H.P. 1770

Recovery: 510' Salt Water

D.S.T. #3 3309-3425 Times: 30-45-30-45

I.H.P. 1838 I.F.P. 126-134 I.S.I.P. 865

F.F.P. 134-134 F.S.I.P. 761 F.H.P. 1822

Recovery: 15' Mud

D.S.T. #4 _____ Times: _____

I.H.P. _____ I.F.P. _____ I.S.I.P. _____

F.F.P. _____ F.S.I.P. _____ F.H.P. _____

Recovery: _____

D.S.T. #5 _____ Times: _____

I.H.P. _____ I.F.P. _____ I.S.I.P. _____

F.F.P. _____ F.S.I.P. _____ F.H.P. _____

Recovery: _____

D.S.T. #6 _____ Times: _____

I.H.P. _____ I.F.P. _____ I.S.I.P. _____

F.F.P. _____ F.S.I.P. _____ F.H.P. _____

Recovery: _____