

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

Operator: License # 30259

Name: Werth Exploration Trust

Address 1308 Schwaller

City/State/Zip Hays, Kansas 67601

Purchaser: None

Operator Contact Person: Andy Werth

Phone (913) 625-3531

Contractor: Name: Lloyd Drilling

License: 3300

Wellsite Geologist: Cliff Ottaway

Designate Type of Completion

New Well Re-Entry Workover

Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSV, Expl., Cathodic, etc)

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

Operator: _____

Well Name: N/A

Comp. Date _____ Old Total Depth _____

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

8-21-91 8-29-91 8-29-91
Spud Date Date Reached TD Completion Date

API NO. 15- 065-22,588 **31-8-21W**
County Graham
SW - NE - SE - _____ Sec. 31 Twp. 9 Rng. 21 E W

1650 Feet from S/W (circle one) Line of Section

990 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 Dillon Well # 5

Field Name Smith - Denning Pool

Producing Formation Lansing - Arbuckle

Elevation: Ground 2318 KB _____

Total Depth 3900 PBTB _____

Amount of Surface Pipe Set and Cemented at 205 Feet

Multiple Stage Cementing Collar Used? _____ Yes No

If yes, show depth set N/A Feet

If Alternate II completion, cement circulated from _____

feet depth to N/A w/ _____ sx cmt.

Drilling Fluid Management Plan 4-18-91
(Data must be collected from the Reserve Pit)

Chloride content 20,000 ppm Fluid volume 2500 bbls

Dewatering method used Air dry and back fill

Location of fluid disposal if hauled offsite:

Operator Name N/A

Lease Name _____ License No. _____

_____ Quarter Sec. _____ Twp. _____ S Rng. _____ E/W

County _____ Docket No. _____

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 Andy Werth

Title Trustee and Owner Date 1/27/92

Subscribed and sworn to before me this 27th day of January, 19 92.

Notary Public Linda M. Brown

Date Commission Expires 3-7-92

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 IS
(Specify)

NOTARY PUBLIC - State of Kansas
LINDA M. BROWN
My App. Exp. 3-7-92

Operator Name Werth Exploration Trust

Lessee Name Dillon

Well # 5

Sec. 31 Twp. 9 Rge. 21

East
 West

County Graham

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 Yes No
(Attach Additional Sheets.)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
(Submit Copy.)

List All E.Logs Run:

Log Formation (Top), Depth and Datum Sample

Name	Top	Datum
Lansing - Arbuckle	3500	3925

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 Pipe	12 1/4	8 5/8	80	205	Standard	200	60/40 poz; 1/4# flo-seal

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<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 <input type="checkbox"/> Yes <input type="checkbox"/> No

Date of First, Resumed Production, SWD or Inj.	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	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 _____