

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 3833
Name: JOHN H SHAIDA
Address: 416 N SWEET BAY CIRCLE
City/State/Zip: WICHITA KS 67226
Purchaser: NCRA
Operator Contact Person: JOHN H SHAIDA
Phone: (316) 636-2525
Contractor: Name: Andy Anderson dba A & A PRODUCTION
License: 30076
Wellsite Geologist: Brad Hutchison
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
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____
10-28-03 11-05-03 11.26.03
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 051-25261-00-00
County: ELLIS
SW - NE - SW - Sec. 35 Twp. 12 S. R. 16 East West
1670 feet from (S) N (circle one) Line of Section
1660 feet from E (W) (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW (SW)
Lease Name: SITZ 'B' Well #: 10
Field Name: EMMERAN
Producing Formation: Lansing/KC
Elevation: Ground: 1977 Kelly Bushing: 1982
Total Depth: 3477 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 1117"@1122" 425 SX 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 crmt.

Drilling Fluid Management Plan All 1 ua - 2.3.04
(Data must be collected from the Reserve Pit)
Chloride content 53000 ppm Fluid volume 400 bbls
Dewatering method used evaporation
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

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: [Signature]
Title: Operator Date: 12.11.03
Subscribed and sworn to before me this 11 day of December,
20 03.
Notary Public: m. elizabeth skibba

Date Commission Expires 2/28/2006
M. ELIZABETH SKIBBA
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. [Signature]

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

Operator Name: JOHN H SHAI DA Lease Name: SITZ 'B' Well #: 10
 Sec. 35 Twp. 12 S. R. 16 East West County: ELLIS

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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" 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 <i>(Submit Copy)</i> List All E. Logs Run: Dual Induction Compensated Porosity Cement Bond Log	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample Name Top Datum Anhydrite 1121 +856 Heebner 3139 -1157 Lansing/KC 3189 -1207 Arbuckle 3452 -1470
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RECEIVED
DEC 31 2003
KCC WICHITA

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	# Sacs Used	Type and Percent Additives
SURFACE	12 1/4"	8 5/8"	23	1122	60/40 POZ	425	3%CC 2%GEL
Production	7 7/8"	5 1/2"	15.5	3464	ASC	175	2% Gel, 500gal WFR2

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 Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
4	3355-58	Acid 15% HCl 1000 gals	
1 limited entry @	3260, 3273, 3280	Acid 15% HCl 3000 gals	
4	3234-36	Acidize 15% 1000 gals Treated all 3 zones together	
4	3216-18		
4	3190-98		
TUBING RECORD Size <u>2 3/8</u> Set At <u>3407</u> Packer At <u>na</u>		Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumerd Production, SWD or Enhr. <u>12.2.03</u>		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. <u>25</u>	Gas Mcf <u>80</u>	Water Bbls. <u>80</u> Gas-Oil Ratio <u> </u> Gravity <u> </u>

Disposition of Gas **METHOD OF COMPLETION** Production Interval **Lansing KC 3190-3358'**

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

ALLIED CEMENTING CO., INC.

Federal Tax I.D.# [REDACTED]

ORIGINAL
SERVICE POINT:

15627

R

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

DATE <u>10-30-03</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START <u>9:15AM</u>	JOB FINISH <u>10:00AM</u>
LEASE <u>SFTZ</u>	WELL # <u>B-10</u>	LOCATION <u>WALKER N TO DEADEND</u>			COUNTY <u>ELLIS</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)			<u>K E N</u>				

CONTRACTOR <u>A&A</u>	OWNER
TYPE OF JOB <u>SURFACE</u>	
HOLE SIZE <u>12 1/4</u>	T.D. <u>1123</u>
CASING SIZE <u>8 5/8</u>	DEPTH <u>1121</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT <u>7</u>
CEMENT LEFT IN CSG.	<u>7</u>
PERFS.	
DISPLACEMENT	<u>71 BBL</u>

EQUIPMENT

PUMP TRUCK # <u>345</u>	CEMENTER <u>MARK</u>	HELPER <u>DAVE</u>
BULK TRUCK #	DRIVER <u>RUFUS</u>	
BULK TRUCK #	DRIVER <u>GARY</u>	

REMARKS:

CEMENT CURC ✓

CHARGE TO: JOHN SHAZON
STREET _____
CITY _____ STATE _____ ZIP _____

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

SIGNATURE Owner M. Duval

CEMENT AMOUNT ORDERED 425 60/40 390 CC 290 GEL

COMMON	<u>255</u>	@	<u>7.15</u>	<u>1823.25</u>
POZMIX	<u>170</u>	@	<u>3.00</u>	<u>510.00</u>
GEL	<u>8</u>	@	<u>10.00</u>	<u>80.00</u>
CHLORIDE	<u>13</u>	@	<u>30.00</u>	<u>390.00</u>

HANDLING 425 @ 1.15 488.75
MILEAGE 54/52/mile 425.00

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TOTAL 3853.00

DEC 31 2003

KCC WICHITA SERVICE

DEPTH OF JOB	
PUMP TRUCK CHARGE	<u>630.00</u>
EXTRA FOOTAGE	@
MILEAGE <u>20</u>	@ <u>3.50</u> <u>70.00</u>
PLUG <u>8 5/8 TRP</u>	@ <u>160.00</u>

TOTAL 800.00

FLOAT EQUIPMENT

<u>8 5/8</u>	
<u>BAFFLE PLATE</u>	@ <u>45.00</u>
	@
	@
	@
	@

TOTAL _____

TAX _____
TOTAL CHARGE _____
DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME

ALLIED CEMENTING CO., INC.

Federal Tax I.D.# [REDACTED]

ORIGINAL 15531
SERVICE POINT: R

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

DATE <u>11/5/03</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION <u>10:00 A.M.</u>	JOB START	JOB FINISH <u>3:10 P.M.</u>
LEASE <u>Sitz B</u>	WELL # <u>10</u>	LOCATION <u>Walker N to D.E.</u>			COUNTY <u>Ellis</u>	STATE <u>Ks</u>	
<input checked="" type="radio"/> OLD <input type="radio"/> NEW (Circle one)		<u>1/4 E N IN</u>					

CONTRACTOR <u>A&A</u>	OWNER
TYPE OF JOB <u>Longstring</u>	CEMENT
HOLE SIZE <u>7 7/8</u>	T.D. <u>3477'</u>
CASING SIZE <u>5 1/2</u>	DEPTH <u>3464'</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT <u>12.65'</u>
CEMENT LEFT IN CSG. <u>Insert @ 3451</u>	
PERFS.	
DISPLACEMENT <u>84 1/2 Bbl</u>	

EQUIPMENT	
PUMP TRUCK	CEMENTER <u>Ben</u>
# <u>31010</u>	HELPER <u>Shane</u>
BULK TRUCK	
# <u>222</u>	DRIVER <u>Cary</u>
BULK TRUCK	
#	DRIVER

AMOUNT ORDERED	<u>175 ASC 200 Gal</u>		
	<u>500 Gal. WFR-2</u>		
COMMON	@		
POZMIX	@		
GEL <u>4</u>	@ <u>10.00</u>	<u>40.00</u>	
CHLORIDE	@		
<u>ASC 175</u>	@ <u>9.00</u>	<u>1575.00</u>	
<u>WFR-2 500 Gal.</u>	@ <u>1.00</u>	<u>500.00</u>	
	@		
	@		
HANDLING <u>181</u>	@ <u>1.15</u>	<u>208.15</u>	
MILEAGE <u>.05/511/mi.</u>		<u>162.90</u>	

RECEIVED

DEC 31 2003

TOTAL 2486.05

KCC WICHITA SERVICE

REMARKS:

Cent - on 1, 3, 5, 7, 9, 11

Mixed 500 Gal WFR-2 Followed by 1000x ASC Displaced w/ 82 Bbl Plug Landed. Float Held.

Rathole 153v

DEPTH OF JOB		
PUMP TRUCK CHARGE		<u>1130.00</u>
EXTRA FOOTAGE	@	
MILEAGE <u>18 mi.</u>	@ <u>3.50</u>	<u>63.00</u>
PLUG <u>5 1/2 TRP</u>	@	<u>100.00</u>
	@	
	@	

TOTAL 1253.00

CHARGE TO: John. Shaida
STREET _____
CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

<u>5 1/2"</u> Guide Shoe <u>1</u>	@	<u>150.00</u>
AFH Insert <u>1</u>	@	<u>235.00</u>
Centralizer <u>(16)</u>	@ <u>50.00</u>	<u>300.00</u>
	@	
	@	

TOTAL 685.00

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

TAX _____
TOTAL CHARGE _____
DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE: [Signature]

PRINTED NAME _____