

ORIGINAL

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 # 8981

Name: Adeco, Inc. & Chambers

Address 310 East Ash

City/State/Zip Oberlin, Ks. 67749

Purchaser: _____

Operator Contact Person: Mr. Lester Chambers

Phone (913) 475-3468

Contractor: Name: Red Tiger Drilling Company

License: 5302

Wellsite Geologist: _____

Designate Type of Completion

New Well Re-Entry Workover

Oil SWD Temp. Abd.

Gas Inj Delayed Comp.

Dry Other (Core, Water Supply, etc.)

If OWO: old well info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Drilling Method:

Mud Rotary Air Rotary Cable

9/12/90 9/22/90 9/22/90

Spud Date 9/12/90 Date Reached TD 9/22/90 Completion Date 9/22/90

API NO. 15- 039-20,867-00-00

County Decatur

2940 FSL;
2340 FEL NE/4 Sec. 14 Twp. 1S Rge. 26W East
West

2940 Ft. North from Southeast Corner of Section

2340 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)

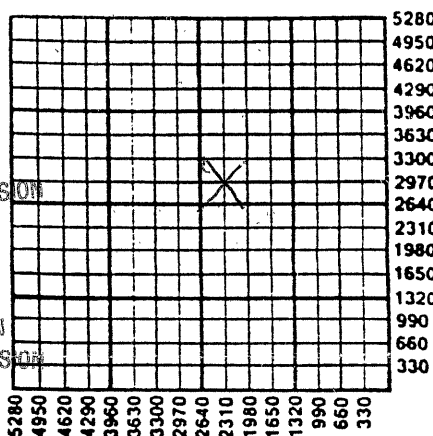
Lease Name Cozad "A" Well # 3

Field Name LAWSON

Producing Formation KANSAS-CITY

Elevation: Ground 2355 KB 2360

Total Depth 3,518' PBDT _____



RECEIVED
STATE CORPORATION COMMISSION

11-12-1991
NOV 12 1991

RECEIVED
STATE CORPORATION COMMISSION

DEC 06 1991

Amount of Surface Pipe Set and Cemented at 216.45 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.

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 Lester Chambers

Title Owner Date 11-8-91

Subscribed and sworn to before me this 9th day of November, 19 91.

Notary Public Karen Metcalf

Date Commission Expires 12-11-92
KAREN METCALF
My Appt. Exp. _____

K.C.C. OFFICE USE ONLY
F _____ Letter of Confidentiality Attached
C Wireline Log Received *per letter*
C Drillers Timelog Received

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

SIDE TWO

Operator Name Adeco, Inc. & Chambers Lease Name Cozad "A" Well # 3
 Sec. 14 Twp. 1S Rge. 26W County Decatur
 East 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 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.) dst no 2 3190-1-3240 15-30-15-30 1st open weak blow 2nd open no blow ff#-36-36 ff-36-36 isip-285 fsip-181	<p style="text-align: center;">Formation Description</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"></td> <td style="width:20%; text-align: center;"><input type="checkbox"/> Log</td> <td style="width:20%; text-align: center;"><input type="checkbox"/> Sample</td> </tr> <tr> <td style="border-left: 1px dashed black; padding-left: 10px;"> Hebner KC A ZONE KC b zone c zone d 3290 e zone sand zone granite </td> <td style="border-left: 1px dashed black; padding-left: 10px; vertical-align: top;"> 3136 3178 3218 3258 3330 3490 3515 </td> <td style="border-left: 1px dashed black; padding-left: 10px; vertical-align: top;"> 3640 3184 3226 3264 3300 3336 3500 </td> </tr> </table>		<input type="checkbox"/> Log	<input type="checkbox"/> Sample	Hebner KC A ZONE KC b zone c zone d 3290 e zone sand zone granite	3136 3178 3218 3258 3330 3490 3515	3640 3184 3226 3264 3300 3336 3500
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CASING RECORD New 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'	60/40 Poz	150	2% Ge1 3%CC

Shots Per Foot	Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth

TUBING RECORD Size _____ Set At _____ Packer At _____ Liner Run Yes No

Date of First Production _____ 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 Perforation Dually Completed Commingled

Other (Specify) _____

Production Interval _____