

ORIGINAL

SIDE ONE

Plugged 1-30-90

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

API NO. 15- 039-20,862 = 00-00

County Decatur

C SE SW SW Sec. 29 Twp. 1S Rge. 26W X East West

3300 360 Ft. North from Southeast Corner of Section

3300 2587 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)

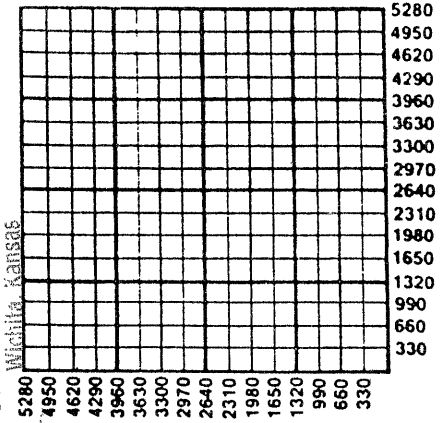
Lease Name Chambers Well # 8

Field Name _____

Producing Formation _____

Elevation: Ground _____ KB _____

Total Depth 3756' PBDT _____



MAR 07 1990
3-7-1990
Wichita, Kansas
CONSERVATION DIVISION

RECEIVED
STATE CORPORATION COMMISSION

Operator: License # 8981

Name: Adeco Inc. & Chambers

Address 310 E. Ash

City/State/Zip Oberlin, KS 67749

Purchaser: _____

Operator Contact Person: Lester Chambers

Phone (913) 475-3468

Contractor: Name: Red Tiger Drilling

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 **OWMO**: old well info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Drilling Method:

Mud Rotary Air Rotary Cable

1-22-90 1-29-90 1-30-90
Spud Date Date Reached TD Completion Date

Amount of Surface Pipe Set and Cemented at 226 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 L. Chambers

Title Owner Date _____

Subscribed and sworn to before me this 1st day of March, 19 90.

Notary Public Karen Metcalf

Date Commission Expires 12-11-92



K.C.C. OFFICE USE ONLY

Letter of Confidentiality Attached

Wireline Log Received

Drillers TimeLog Received

Distribution

KCC SWD/Rep NGPA

KGS Plug Other

(Specify)

PI X

ORIGINAL

SIDE TWO

Operator Name Adeco Inc. & Chamber Lease Name Chambers Well # 8

Sec. 29 Twp. 1S Rge. 26W East West County Decatur

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.)

Formation Description

Log Sample

Name	Top	Bottom
0 READ	3290	3310
LANSING	3350	3540
GRANITE	3760	

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#	226'	60/40 poz	155	2%gel, 3%cc

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 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 _____