

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

Operator: License # 31100

Name: Robuck Petroleum Co.

Address 1801 Broadway, Suite 750

City/State/Zip Denver, CO 80202

Purchaser: _____

Operator Contact Person: Brett D. Robuck

Phone (303) 295-6377

Contractor: Name: POE SERVICING, INC.

License: 3152

Wellsite Geologist: None

Designate Type of Completion
 New Well Re-Entry Workover

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

If Workover/Reentry: Old Well Info as follows:
SAUVAGE DRILLING COMPANY

Operator: _____

Well Name: Shaw #1-7

Comp. Date 9-3-60 Old Total Depth 3874'

Deepening Re-perf. Conv. to (n)/SWD
 Plug Back 3873' PBDT
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or (n)) Docket No. E26960

9-4-96 9-10-96
 Date of START Date Reached TD Completion Date of
OF WORKOVER WORKOVER

API NO. 15- 039-00095-00-03

County Decatur

C - SE - SE - 7 Sec. 3S Twp. 28 Rge. X W

660' Feet from N (circle one) Line of Section

660' Feet from W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)

Lease Name Shaw Well # 1-7

Field Name Northwest Deactur Center

REPRESSURED
~~Reservoir~~ Formation Lansing-Kansas City

Elevation: Ground 2660' KB 2665'

Total Depth 3874' PBDT 3873'

Amount of Surface Pipe Set and Cemented at 150' 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.

Drilling Fluid Management Plan REWORK JK 3-13-98
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used _____

Location of fluid disposal if hauled off site: _____

Operator Name _____

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, 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 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. *(COPY IN UIC ✓)*

Signature _____

Title Owner Date 1-15-97

Subscribed and sworn to before me this 15th day of January, 19 97

Notary Public _____

Date Commission Expires Dec 30, 1998

| K.C.C. OFFICE USE ONLY | | |
|-------------------------------------|--------------------------|------------------------------------|
| F | <input type="checkbox"/> | Letter of Confidentiality Attached |
| C | <input type="checkbox"/> | Wireline Log Received |
| C | <input type="checkbox"/> | Geologist Report Received |
| Distribution | | |
| <input checked="" type="checkbox"/> | KCC | <input type="checkbox"/> SWD/Rep |
| <input type="checkbox"/> | KGS | <input type="checkbox"/> Plug |
| | | <input type="checkbox"/> NGPA |
| | | <input type="checkbox"/> Other |
| | | (Specify) |

SIDE TWO

Operator Name Robuck Petroleum Co. Lease Name Shaw Well # 1-7
 Sec. 7 Twp. 3s Rge. 28 East County Decatur 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 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 Datums Sample
 Name Top Datum

| CASING RECORD <input 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 | | 8 5/8 | | 150' | | 75 | |
| Production | | 4 1/2 | 10.5 | 3873' | | 125 | |
| | | | | | | | |

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) | |
|----------------|--|--|-------|
| | | Amount | Depth |
| 4 | 3672' - 3675' | | |
| 4 | 3720' - 3724' | | |
| 4 | 3749' - 3753' | | |
| 4 | 3785' - 3788' | | |

| TUBING RECORD | | Size | Set At | Packer At | Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|-----------|---------|---|---------------|---|
| | | 2 3/8 | 3601' | 3601' | |
| 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

Production Interval Other (Specify) _____