

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

Operator: License # 31219

Name: Prime Operating Company

Address 2900 Wilcrest Drive

Suite 475

City/State/Zip Houston, Texas 77042

Purchaser: _____

Operator Contact Person: H.G. Livingston

Phone (713) 735-0000

Contractor: Name: Excell Drilling

License: 08273

Wellsite Geologist: _____

Designate Type of Completion

New Well Re-Entry Workover

Oil SWD SIGW Temp. Abd.

Gas ENHR SIGW

Dry Other (Core, WSW, Expl., Cathodic, etc)

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

Operator: NA

Well Name: _____

Comp. Date _____ Old Total Depth _____

Deepening Re-perf. Conv. to Inj/SWD

Plug Back PSTD

Commingled Docket No. _____

Dual Completion Docket No. _____

Other (SWD or Inj?) Docket No. _____

11/5/93 11/6/93

Spud Date 11/5/93 Date Reached TD 11/6/93 Completion Date _____

API NO. 15- 023-20329 ⁰⁰⁻⁰⁰ ORIGINAL

County Cheyenne

NE - SE - NE - Sec. 21 Twp. 3S Rge. 42 E W

1906 Feet from S/N (circle one) Line of Section

640 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 Reib Trust Well # 21-8-1

Field Name Wildcat

Producing Formation Niobrara

Elevation: Ground 3713' 3719'

Total Depth 1690' PSTD _____

Amount of Surface Pipe Set and Cemented at 329 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set NA Feet

If Alternate II completion, cement circulated from NA

feet depth to NA w/ NA sx cmt.

Drilling Fluid Management Plan ALT 1 JZ 6-17-94
(Data must be collected from the Reserve Pit)

Chloride content 2,000ppm 900bbls.
14,000 ppm Fluid volume 200 bbls

Dewatering method used Evaporation

Location of fluid disposal if hauled offsite: _____

RECEIVED

Operator Name NA KANSAS CORPORATION COMMISSION

Lease Name _____ License No. 3-11-94

MAR 11 1994

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

County _____ CONSERVATION DIVISION
WICHITA, KS

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.

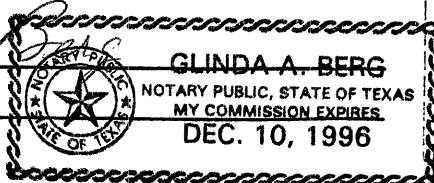
Signature [Signature]

Title District Manager Date 3/9/94

Subscribed and sworn to before me this 9th day of MARCH 19 94.

Notary Public [Signature] GLINDA A. BERG

Date Commission Expires _____ MY COMMISSION EXPIRES DEC. 10, 1996



K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
 KCC SWD/Rep NGA
 KGS Plug Other (Specify)

Operator Name Prime Operating Company

Lease Name Reib Trust

Well # 21-8-1

Sec. 21 Twp. 3 Rge. 42

East

County Cheyenne

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.)

Log Formation (Top), Depth and Datum Sample

Name	Top	Datum
Niobrara (Beecher Island Zone)	1536'	1566'

List All E.Logs Run:
CNL-CDL,GR,SONIC,DI

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	9 7/8"	7"	20#	329'	Class "C"	135	2%CaCl 2
Production	6 1/4"	4 1/2"	10.5#	1689'	Premium	85	2%CaCl 2

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth		Type of Cement	#Sacks Used	Type and Percent Additives
	Top	Bottom			
<input type="checkbox"/> Perforate					
<input type="checkbox"/> Protect Casing					
<input type="checkbox"/> Plug Back TD	NA				
<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:

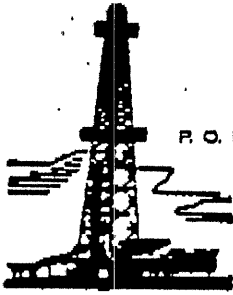
Vented Sold Used on Lease
(If vented, submit ACG-18.)

METHOD OF COMPLETION

Open Hole Perf. Dually Comp. Commingled

Production Interval

Well is presently SI, waiting on completion (Specify)



CEMENTER'S ENERGY INC.

P. O. BOX 1587 • SCOTTSBLUFF, NE 69363-1587 • (308) 632-8855
 FAX 308-632-3991

ORIGINAL
 Our Invoice

No 15399

21-8-1

Date <u>11-5-93</u>	Well Owner <u>PRIME OPERATING</u>	Well No.	Lease <u>Reib trust</u>
County <u>Cheyenne</u>	State <u>KANSAS</u>	Field	
Charge To <u>EXCEL DRILL COMPANY</u>	Charge Code		
Address <u>RT. 2</u>	For Office Use Only		
City, State <u>WRAY, COLORADO</u>			
Pump Truck No. <u>1202</u>	Code	Bulk Truck No. <u>1206</u>	Code
Type of Job	Depth	Ft. <u>339</u>	to
<u>Surface</u> <u>7"</u>	Bottom of Surface	Ft. <u>329</u>	to
Plug	Plug Landed @ <u>309</u>	Ft.	Time On
Production	Pipe Landed @ <u>329</u>	Ft.	Time Off

Reference No.	Description	Qty.	Meas.	Unit Price	Amount
	Pump Truck Charge				
	Cement Neat <input checked="" type="checkbox"/> Cost File () Voucher ()	<u>135</u>	<u>5X</u>		<u>1450.00</u>
	Poz. Mix Operation AEE No.				
	Calcium Chloride Location	<u>307</u>	<u>0</u>		
	Gel % Ownership Class. No. <u>502-10</u>				
	Handling Charge Approved <u>10/30/93</u>				
	Hauling Charge Pay Date <u>12/10/93</u>				
	Additional Pump Charge	<u>129</u>	<u>ft = 475</u>		<u>612.75</u>
	Mileage P.T. <u>Plug Down 7.30</u>				
	B.T.				
	Plug <u>BR</u>				
	<u>Centerline</u>	<u>3</u>		<u>40.00</u>	<u>120.00</u>
	<u>Plug Rubber</u>	<u>1</u>			<u>30.00</u>

Remarks:	Tax Reference Code	Sub Total	<u>2212.75</u>
	State <u>Colo 3</u> %	Tax <u>1286.50</u>	<u>38.60</u>
	Disc <u>net</u>	Total	<u>2251.35</u>

Truck No.	Code	State Mileage	Nebraska	Colorado	Wyoming	Other	Total Mileage
<u>1202</u>		Pump Truck		<u>46</u>		<u>6 KANSAS</u>	
<u>1206</u>		Bulk Truck		<u>46</u>		<u>6 KANSAS</u>	

We do not assume any responsibility for any damage or conditions resulting from our services. All pricing is subject to review and revision.

Delivered By GARY D. DARYL Received by Tom King
 Customer of His Agent



CUSTOMER PRIME OPERATING INC WELL NO. 21-8-1 LEASE RUBLE TRUST JOB TYPE Long String TICKET NO. 508142

Table with columns: CHART NO., TIME, RATE (BPM), VOLUME (BBL) (GAL), PUMPS (T, C), PRESSURE (PSI) (TUBING, CASING), DESCRIPTION OF OPERATION AND MATERIALS. Includes handwritten entries for operations like 'CALLED OUT', 'START CLAY FILL', 'START SPUD GAL MUD FLUSH', etc.



CHARGE TO:
 Prime Operating, Inc.
 ADDRESS
 2111 S. Santa Fe, 75104
 CITY, STATE, ZIP CODE
 Houston, Tx 77255

COPY

TICKET

No. 508142-8

PAGE 1 OF 2

ORIGINAL

FORM 1906 R-12

SERVICE LOCATIONS 1000AL, K.	WELL/PROJECT NO. 21-8-1	LEASE KROB TRUST	COUNTY/PARISH CHOCTAW	STATE KS.	CITY/OFFSHORE LOCATION	DATE 11-6-73	OWNER S.A.M.
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	NITROGEN JOB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONTRACTOR MCCOY DRILLING	RIG NAME/NO.	SHIPPED VIA CT.	DELIVERED TO	ORDER NO.
3.	WELL TYPE DZ	WELL CATEGORY DZ	JOB PURPOSE OBS	WELL PERMIT NO. 15-003-2031	WELL LOCATION W 35 F. N. K.		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOG	ACCT	DF			QTY.	U/M	QTY.	U/M	
000-117		1				MILEAGE 3579	120 hr	1	2 75		467.50
001-016		1				Pumpdown	1689 FT	6 hr			1220.00
5A	837.00300	1				WATER SEAL II FLAT SHOT	1 EA	4 1/2 hr			200.00
4C	807.73115	1				2 W CONTROLS	6 EA	4 1/2 hr	41 00		246.00
5T3	801.00775	1				LATCH DOWN DRILL 3W	1 EA	4 1/2 hr			131.00
5D4	811.5734	1				LATCH DOWN BATTEN	1 EA	4 1/2 hr			100.00
018-315		1				WELL FLUSH	500 gal		.15		325.00
218-73X		1				CIA Fix IF	5 1/2 hr		24.00		120.00
56	807.2003	1				CABLE WELL CLEANERS	7 EA	4 1/2 hr	25.50		178.50

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions. CUSTOMER OR CUSTOMER'S AGENT SIGNATURE X <i>Tom Koefler</i> DATE SIGNED: 11-7-73 TIME SIGNED: 0100 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. <input type="checkbox"/> do <input type="checkbox"/> do not require IPC (Instrument Protection). <input type="checkbox"/> Not offered	SUB SURFACE SAFETY VALVE WAS: <input type="checkbox"/> PULLED & RETURN <input type="checkbox"/> PULLED <input type="checkbox"/> RUN		SURVEY AGREE <input type="checkbox"/> UN-DECIDED <input type="checkbox"/> DIS-AGREE <input type="checkbox"/>			PAGE TOTAL: 3,016.00 FROM CONTINUATION PAGE(S): 1306.00 SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE: 432.00
	TYPE LOCK	DEPTH	OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? <input type="checkbox"/>			
	BEAN SIZE	SPACERS	WE UNDERSTOOD AND MET YOUR NEEDS? <input type="checkbox"/>			
	TYPE OF EQUALIZING SUB.	CASING PRESSURE	OUR SERVICE WAS PERFORMED WITHOUT DELAY? <input type="checkbox"/>			
TUBING SIZE: _____ TUBING PRESSURE: _____ WELL DEPTH: _____		WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? <input type="checkbox"/>			ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
TREE CONNECTION: _____ TYPE VALVE: _____		<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

CUSTOMER OR CUSTOMER'S AGENT (PLEASE PRINT) Tom Koefler	CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE) X <i>Tom Koefler</i>	HALLIBURTON OPERATOR/ENGINEER <i>John Keenan</i>	EMP # 63502	HALLIBURTON APPROVAL
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FORM 1911 R-8

CUSTOMER Maize Cylindrical Joint	WELL Maize 2005-21-1	DATE 11-8-13	PAGE 4	OF 4
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ORIGINAL

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	QTY.		UNIT PRICE	AMOUNT	
		LOC	ACCT	DF			QTY.	U/M			
11504		1				374	lb	8.71	3261.38		
21104		1				265	lb	215.15	56935		
21105		1				16	sq	4170	11940		
SERVICE CHARGE						CUBIC FEET					
MILEAGE CHARGE						TOTAL WEIGHT		LOADED MILES		TON MILES	
21107						8105		30		18105	
21108						1105		30		33150	

RECEIVED
 KANSAS CORPORATION COMMISSION
 FEB 26 1994
 CONSERVATION DIVISION
 WICHITA, KS

CONTINUATION TOTAL	150640
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JOB SUMM 'Y

HALLIBURTON DIVISION MID WEST
HALLIBURTON LOCATION Oklahoma

BILLED ON TICKET NO. 51112

FIELD WILCOX SEC. 31 TWP. 32 RNG. 42W COUNTY Cherokee STATE KS.

FORMATION NAME _____ TYPE _____
FORMATION THICKNESS _____ FROM _____ TO _____
INITIAL PROD: OIL _____ BPD. WATER _____ BPD. GAS _____ MCFD
PRESENT PROD: OIL _____ BPD. WATER _____ BPD. GAS _____ MCFD
COMPLETION DATE _____ MUD TYPE _____ MUD WT. _____
PACKER TYPE _____ SET AT _____
BOTTOM HOLE TEMP. _____ PRESSURE _____
MISC. DATA _____ TOTAL DEPTH 1690

	NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
CASING	<u>N</u>	<u>125</u>	<u>4 1/2</u>	<u>K13</u>	<u>16 X 9</u>	
LINER	<u>U</u>	<u>7</u>	<u>7</u>	<u>K13</u>	<u>3 X 4</u>	
TUBING						
OPEN HOLE			<u>6 1/2</u>	<u>3 X 4</u>	<u>16 X 0</u>	SHOTS/FT.
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

ORIGINAL

JOB DATA CENTRAL TOWER

CALLER OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <u>11-6-93</u> TIME <u>3:30</u>	DATE <u>11-7-93</u> TIME <u>0:00</u>	DATE <u>11-7-93</u> TIME <u>0:45</u>	DATE <u>11-7-93</u> TIME <u>0:30</u>

TOOLS AND ACCESSORIES		
TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR		
FLOAT SHOE <u>SLIPSEAL 1 1/2</u>	<u>1EA</u>	<u>Howco</u>
GUIDE SHOE		
CENTRALIZERS <u>3-4 6 1/2 X 4 1/2</u>	<u>6EA</u>	<u>Howco</u>
BOTTOM PLUG		
TOP PLUG <u>3 in LAT. h Down</u>	<u>1EA</u>	<u>Howco</u>
HEAD <u>Plug Cont. 4 1/2</u>	<u>1EA</u>	<u>Howco</u>
PACKER		
OTHER <u>Cable 1/2 in dia</u>	<u>7EA</u>	<u>Howco</u>

PERSONNEL AND SERVICE UNITS		
NAME	UNIT NO. & TYPE	LOCATION
<u>J. ALLEN 66382</u>	<u>3579 R.C.M.</u>	<u>Oklahoma</u>
<u>M. JONES 68046</u>	<u>3846-6613</u>	<u>Oklahoma</u>
<u>J. KEENE 63513</u>	<u>40070 PU</u>	<u>Oklahoma</u>

TREAT. FLUID _____ DENSITY _____ LB/GAL. °API
DISPL. FLUID _____ DENSITY _____ LB/GAL. °API
PROP. TYPE _____ SIZE _____ LB.
PROP. TYPE _____ SIZE _____ LB.
ACID TYPE _____ GAL. _____ %
ACID TYPE _____ GAL. _____ %
ACID TYPE _____ GAL. _____ %
SURFACTANT TYPE _____ GAL. _____ IN
NE AGENT TYPE _____ GAL. _____ IN
FLUID LOSS ADD. TYPE _____ GAL.-LB. _____ IN
GELLING AGENT TYPE _____ GAL.-LB. _____ IN
FRIC. RED. AGENT TYPE _____ GAL.-LB. _____ IN
BREAKER TYPE _____ GAL.-LB. _____ IN
BLOCKING AGENT TYPE _____ GAL.-LB. _____
PERFPAC BALLS TYPE _____ QTY. _____
OTHER _____
OTHER _____

DEPARTMENT CENT - BULK - SALES
DESCRIPTION OF JOB CENT 4 1/2 in
JOB DONE THRU: TUBING CASING ANNULUS TBG./ANN.
CUSTOMER REPRESENTATIVE X John W. Ruff
HALLIBURTON OPERATOR John Keene COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
	<u>85</u>	<u>STANDARD</u>		<u>13</u>	<u>2% HMT 3-2</u>	<u>1.14</u>	<u>15.6</u>

PRESSURES IN PSI
CIRCULATING _____ DISPLACEMENT _____
BREAKDOWN _____ MAXIMUM _____
AVERAGE _____ FRACTURE GRADIENT _____
SHUT-IN: INSTANT _____ 5-MIN _____ 15-MIN. _____
HYDRAULIC HORSEPOWER _____
ORDERED _____ AVAILABLE _____ USED _____
AVERAGE RATES IN BPM _____
TREATING _____ DISPL. _____ OVERALL _____
CEMENT LEFT IN PIPE _____
FEET 32.48 REASON Shut in

SUMMARY

VOLUMES
PRESLUSH: BBL. (GAL) 500 TYPE MW/Fluid
LOAD & BKDN: BBL.-GAL. 13 PAD: BBL.-GAL. 13
TREATMENT: BBL.-GAL. _____ DISPL. (BBL.-GAL.) 26
CEMENT SLURRY: BBL.-GAL. 19
TOTAL VOLUME: BBL.-GAL. 74
REMARKS
See Job log
Thank you

CUSTOMER: [Vertical text on right edge]