

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

ORIGINAL

API NO. 15- 15-137-20,373 00-00

County Norton

SW NE NE Sec. 15 Twp. 5S Rge. 22 X E
W

Operator: License # 5252

990 2310 Feet from S/N (circle one) Line of Section

Name: R.P. Nixon Oper. Inc.

990 2970 Feet from E/W (circle one) Line of Section

Address 207 W. 12th

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

Hays, KS 67601

Lease Name Reimann B Well # 1

City/State/Zip _____

Field Name Densmore Ext.

Purchaser: D & A

Producing Formation _____

Operator Contact Person: Dan Nixon

Elevation: Ground 2093 KB 2098

Phone (913) 628-3834

Total Depth 3558' PBTD _____

Contractor: Name: Shields Drlg.

Amount of Surface Pipe Set and Cemented at 224' Feet

License: 5655

Multiple Stage Cementing Collar Used? Yes X No _____

Wellsite Geologist: Dan Nixon

If yes, show depth set _____ Feet

Designate Type of Completion
 New Well Re-Entry Workover

If Alternate II completion, cement circulated from _____

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

feet depth to _____ w/ _____ sx cmt.

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

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)

Operator: _____

Chloride content 1000 ppm Fluid volume _____ bbls

Well Name: _____

Dewatering method used allow water to evaporate

Comp. Date _____ Old Total Depth _____

Location of fluid disposal if hauled offsite:
WICHITA, KANSAS 2-10-92

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back _____ PBTD
 Commingled _____ Docket No. _____
 Dual Completion _____ Docket No. _____
 Other (SWD or Inj?) _____ Docket No. _____

Operator Name _____

1-29-91 2-3-91 2-3-91
Spud Date Date Reached TD Completion Date

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, 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.

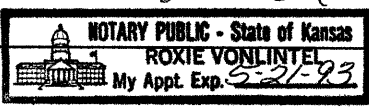
All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature [Signature]
Title President Date 2-6-92

Subscribed and sworn to before me this 6th day of February,
19 92.

Notary Public [Signature]

Date Commission Expires _____



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

P1

Operator Name R.P. Nixon Oper. Inc.

Lease Name Reimann B

Well # 1

Sec. 15 Twp. 5S Rge. 22

East

County Norton

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 (Attach Additional Sheets.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input checked="" type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Anhydrite	1683'	
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Base Anhy.	1711'	
List All E.Logs Run:	NONE	Topeka	3025'	
		Heebner	3223'	
		Totonto	3253'	
		L/KC	3271'	-1173
		Base KC	3456'	
		Basal Penn. Sand	3526'	-1460
		RTD	3558'	

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	12 1/4"	8 5/8"		224'	60/40 poz	165	

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		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 ACO-18.)

METHOD OF COMPLETION: Open Hole Perforated Other (Specify) _____

Production Interval: _____