

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

Operator: License # 6509
Name: Cla-Mar Oil Company
Address PO Box 1197
Hays, KS 67601
City/State/Zip _____

Purchaser: Koch Oil Co

Operator Contact Person: Jim Clark

Phone (913) 625-3863

Contractor: Name: Leon's Drilling Service

License: 30044

Wellsite Geologist: none

Designate Type of Completion

New Well Re-Entry Workover

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

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

Operator: Nielson Enterprises, Inc

Well Name: Tovrea B-1

Comp. Date 4/20/79 Old Total Depth 4972

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

5/15/95 8/10/95
Spud Date OF Date Reached TD Completion Date
REENTRY

API NO. 15-153-20,3480001

County Rawlins

E/2 SE SW Sec. 31 Twp. 5s Rge. 36 E W

660 Feet from N (circle one) Line of Section

2970 ~~330~~ Feet from W (circle one) Line of Section

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

Lease Name Tovrea Well # 1 OWWO

Field Name Tovrea

Producing Formation LKC

Elevation: Ground 3422 KB NA

Total Depth 4642 PBTD 4590

Amount of Surface Pipe Set and Cemented at 391 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 REENTRY JJK 9-1-95
(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 _____

Quarter Sec. _____ S Rng. _____ E/W

County _____ Docket No. _____

RECEIVED
STATE CORPORATION COMMISSION
AUG 30 1995
AUG 30 1995
AUG 30 1995

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.

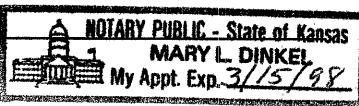
Signature J. D. Clark

Title Owner Date 8-28-95

Subscribed and sworn to before me this 28th day of August, 19 95.

Notary Public Mary L. Dinkel

Date Commission Expires 3/15/98



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)

SIDE TWO

Operator Name Cla-Mar Oil Company Lease Name Tovrea Well # 1 OWWO

Sec. 31 Twp. 5 Rge. 36 East West
 County Rawlins

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 Datums	<input 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	N/A old well workover		
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
List All E.Logs Run:				

CASING RECORD <input type="checkbox"/> New <input checked="" 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
Production		4 1/2"	9.5	1775	60/40poz	400	8% gel
(tied on to old casing which had been pulled from 1775')							

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input checked="" type="checkbox"/> Protect Casing	2885-3110	60/40poz	280	
<input type="checkbox"/> Perforate				
<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
2	4552-55 & 4533-37 treated w/		1000 gal 15% FE	
2	4460-63 treated w/		500 gal 15% FE	
2	4421-25 treated w/		500 gal 15% FE	

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2 3/8"	4550		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumed Production, SWD or Inj.	Producing Method
8/11/95	<input type="checkbox"/> Flowing <input checked="" 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
	60		10		36

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval: 4421-4555

ALLIED CEMENTING CO., INC.

3219

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

ORIGINAL

SERVICE POINT:

Ocala

DATE <u>5-26-95</u>	SEC. <u>31</u>	TWP. <u>5</u>	RANGE <u>36</u>	CALLED OUT <u>8:00 AM</u>	ON LOCATION <u>11:45 AM</u>	JOB START <u>4:00 PM</u>	JOB FINISH <u>4:45 PM</u>
LEASE <u>TOVERA</u>	WELL # <u>1</u>	LOCATION <u>Brewster 16 N 1 1/2 W 4 N</u>			COUNTY <u>RAWLINS</u>	STATE <u>KANSAS</u>	

OLD OR NEW (Circle one)

CONTRACTOR LEANS DRGG. SERVICE

TYPE OF JOB PARTIAL LINE CSG. (CIRC CEMENT)

HOLE SIZE _____ T.D. _____

CASING SIZE 4 1/2 DEPTH 1781'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX 500# MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 20'

PERFS. _____

OWNER _____

CEMENT

AMOUNT ORDERED 350 SK 6 1/4 8% GEL

50 SK COM.

COMMON	<u>50</u>	@	<u>720</u>	<u>36000</u>
POZMIX		@		
GEL		@		
CHLORIDE		@		
<u>Lite</u>	<u>350</u>	@	<u>630</u>	<u>220500</u>
		@		
		@		
		@		
		@		
HANDLING	<u>400</u>	@	<u>105</u>	<u>42000</u>
MILEAGE	<u>44 1/2</u>	@	<u>20</u>	<u>91200</u>

TOTAL 389700

EQUIPMENT

PUMP TRUCK CEMENTER Steve

177 HELPER Wayne

BULK TRUCK

212 DRIVER Sam

BULK TRUCK

304 DRIVER Dean

REMARKS:

Ran 4 1/2 CSG to 1781' & OVER SHOT
old CSG w/ 4 1/2 x 7" SWAGE. Hooked up
to 4 1/2 CSG + mixed 350 SK 6 1/4
w/ 50 SK COM. Displaced down to 1761'
& shot in @ 500#. CEMENT CIRCULATED
TO SURFACE.

Thanks

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____ 103000

EXTRA FOOTAGE @ _____

MILEAGE 57 @ 235 13375

PLUG @ _____

TOTAL 116395

CHARGE TO: JIM CLARK

STREET Box 1197

CITY Hayes STATE Kansas ZIP 67665

FLOAT EQUIPMENT

2" Collar

RECEIVED 1200

STATE CORPORATION COMMISSION

AUG 31 1995

TOTAL 1200

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

SIGNATURE Jim Clark

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

ALLIED CEMENTING CO., INC.

3264

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

OKley

DATE <u>6-6-95</u>	SEC. <u>31</u>	TWP. <u>S</u>	RANGE <u>36</u>	CALLED OUT <u>4:30 Am</u>	ON LOCATION <u>7:30 Am</u>	JOB START	JOB FINISH <u>2:30 pm</u>
LEASE <u>Tourey</u>	WELL# <u>1</u>	LOCATION <u>16 N 2w Brewster</u>		COUNTY <u>Rawlins</u>	STATE <u>Ks</u>		

OLD OR NEW (Circle one)

ORIGINAL

CONTRACTOR Leon's Cable Tool
 TYPE OF JOB Spare
 HOLE SIZE _____ T.D. _____
 CASING SIZE 4 1/2 DEPTH _____
 TUBING SIZE 2 3/8 DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. _____

OWNER _____
 CEMENT
 AMOUNT ORDERED
300 ph 60/40 4 ph cc
2nd sand Used 280 ph

COMMON	<u>168</u>	@	<u>720</u>	<u>1209.60</u>
POZMIX	<u>112</u>	@	<u>315</u>	<u>352.80</u>
GEL		@		
CHLORIDE	<u>4</u>	@	<u>28.00</u>	<u>112.00</u>
sand	<u>2</u>	@	<u>5.25</u>	<u>10.50</u>
		@		
		@		
		@		
		@		
HANDLING		@	<u>105</u>	<u>315.00</u>
MILEAGE	<u>57m</u>		<u>1.04</u>	<u>684.00</u>
TOTAL				<u>2683.90</u>

EQUIPMENT

PUMP TRUCK CEMENTER Bill
 # 191 HELPER Will
 BULK TRUCK
 # DRIVER Jason
 BULK TRUCK
 # DRIVER _____

REMARKS:

B.P.C 4500 Feet 1500 PSI
Hole c 2740-3150
Trng Rate 38 rpm 1000 PSI
Cement w/ 150 ph w/ 2% cc
follow w/ 130 rd
Spaced to 500 wash clean
Rd test to 1000 - bleed to 500 oil
pull tubing

SERVICE

DEPTH OF JOB _____
 PUMP TRUCK CHARGE _____ 1030.00
 EXTRA FOOTAGE @ _____
 MILEAGE 57m @ 2.35 133.95
 PLUG @ _____
 @ _____
 @ _____
 TOTAL 1163.95

CHARGE TO: Claman
 STREET P.O. Box 1199
 CITY HAYS STATE Ks ZIP 67601

FLOAT EQUIPMENT

STATE CORPORATION COMMISSION

AUG 31 1995

TOTAL _____

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

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SIGNATURE Jim D. Smith