

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Form ACO-1
September 1999
Form Must Be Typed

ORIGINAL

Operator: License # 30282
Name: Lobo Production, Inc.
Address: 6715 Road 22
City/State/Zip: Goodland, KS 67735
Purchaser: Oneok
Operator Contact Person: John Sanders
Phone: (785) 899-5684
Contractor: Name: Schall Drilling # 32746
License: Stewart Bros. Drilling #32765
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/Re-entry: Old Well Info as follows:

Operator: _____
Well Name: _____
Original Comp. Date: _____ Original Total Depth: _____
 Deepening Re-perf. Conv. to Enh./SWD
 Plug Back Plug Back Total Depth _____
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____

12/5/00 1/8/01 1/8/01
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 181-20312-0000
County: Sherman
SE-SW Sec. 32 Twp. 7 S. R. 39 East West
500 feet from (S) N (circle one) Line of Section
1960 feet from E / (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW (SW)
Lease Name: Schields Well #: 4-32
Field Name: Goodland Gas Field
Producing Formation: Niobrara
Elevation: Ground: 3644.7' Kelly Bushing: _____
Total Depth: 1160' Plug Back Total Depth: 1119'
Amount of Surface Pipe Set and Cemented at 351' 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.

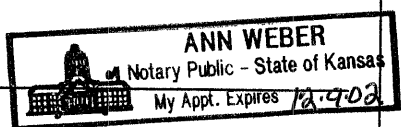
Drilling Fluid Management Plan ALT 1 92/ 10/4/01
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used _____
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

RECEIVED
STATE CORPORATION COMMISSION
3/28/01
MAR 28 2001

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 of 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: Carl K. Sanders
Title: Corp Sec. Date: 3-13-01
Subscribed and sworn to before me this 13th day of March,
2001.
Notary Public: Ann Weber
Date Commission Expires: 12.9.02



KCC Office Use ONLY

Letter of Confidentiality Attached
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

KCC

X

Operator Name: Lobo Production, Inc. Lease Name: Schiolds Well #: 4-32
 Sec. 32 Twp. 7 S. R. 39 East West County: Sherman

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems 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 test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Gamma Ray C.B.L.	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Niobrara</td> <td>990'</td> <td>G.L.</td> </tr> </table>	Name	Top	Datum	Niobrara	990'	G.L.
Name	Top	Datum					
Niobrara	990'	G.L.					

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	# Sacjs Used	Type and Percent Additives
Surface	10"	7"	17 lbs.	351'	Common	85	2% Gel
Production	6 1/4"	4 1/2"	10.5 lbs	1152'	Common	55	2% Gel

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)	Depth
0.5	990-1000	49,820 lbs 20-40 Sand	990-1038
1	1004-1014	30,000 lbs 10-20 Sand	
1	1016-1026	20 Tons CO ²	
0.5	1028-1038		

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumerd Production, SWD or Enhr. <u>1/26/01</u>			Producing Method				
			<input checked="" 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		
		84 MCF					

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

METHOD OF COMPLETION

Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval 990'-1000' 1016'-1026'
1004'-1014' 1028'-1038'

15-181-20302-00-00

ORIGINAL

432
Schields - middle

Ticket

DELIVERY TICKET

No. 008873

ST. FRANCIS SAND

AND

Redi-Mix

P. O. Box 281 ST. FRANCIS, KS. 67756

pd CK # 620

REDI-MIX CONCRETE
EXCAVATING

Phone
332-3123

Date 12-7-00

PROJECT: _____

SOLD TO: _____

ADDRESS: _____

Time Loaded	<p>It is agreed that free unloading time shall be 15 minutes for each first cubic yard and 10 minutes for each yard thereafter. A charge of \$1.00 for each 10 minutes excess time will be made.</p> <p>Delivery inside curb line made only at risk of purchaser.</p> <p>No damage claims considered without proof of driver negligence.</p>
Time Delivered	
Time Released	
Time Returned	
Rec'd by <u>[Signature]</u>	

Truck No.	Driver	Quantity	Price	Amount
		85	7 ⁵⁰ /SK	637 50
Mix	Slump	Total Miles	Mileage	
	S - M - D	25	2.92/mile	73 50
Added Water Reduces Strength & durability				
Gals Added	Authorized By			25 00
Cash	Charge	Sales Tax		50 78
		Total		786 78

pd: 1/20/01
 ck# 626

ORIGINAL

15-181-20312-00

Ticket

DELIVERY TICKET

ST. FRANCIS SAND
 AND
Redi-Mix

P. O. Box 281 ST. FRANCIS, KS. 67756
REDI-MIX CONCRETE
EXCAVATING

Phone 332-3123

No. **008879**

Date 1-18-01

PROJECT: Lobo

SOLD TO: John Danders

ADDRESS: _____

Time Loaded	It is agreed that free unloading time shall be 15 minutes for each first cubic yard and 10 minutes for each yard thereafter. A charge of \$1.00 for each 10 minutes excess time will be made. Delivery inside curb line made only at risk of purchaser. No damage claims considered without proof of driver negligence.
Time Delivered	
Time Released	
Time Returned	

Rec'd by J. Danders

Truck No.	Driver	Quantity	Price	Amount
		65 yds	7 ⁵⁰ / ₃₂ K	4187 50
Mix	Slump	Total Miles	Mileage	
	S - M - D	36	210	75 60
Added Water Reduces Strength & durability				
Gals Added	Authorized By			25 00
	Schuldas, Kuhlman, TAYLOR 24 4-32 4-23 1hr			45 00
Cash	Charge	Sales Tax		43 68
			Total	676 78

Schuldas 4-32?

ALLIED CEMENTING CO., INC. 4772

Federal Tax I.D.# [REDACTED]

ORIGINAL

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

SERVICE POINT:

OAKLEY

15-181-20312-00-00

DATE <u>1-8-0</u>	SEC. <u>5</u>	TWP. <u>H-32</u>	RANGE	CALLED OUT	ON LOCATION <u>6:30 PM</u>	JOB START <u>7:30 AM</u>	JOB FINISH <u>8:00 PM</u>
LEASE <u>SHELDS</u>	WELL #	LOCATION <u>Goodland 5 1/2 N-1/2 E</u>				COUNTY <u>SHERMAN</u>	STATE <u>KS</u>
OLD OR NEW (Circle one)							

CONTRACTOR NONE

TYPE OF JOB Production Stainb

HOLE SIZE 6 1/2" T.D. 1200'

CASING SIZE 4 1/2" DEPTH 1880'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX 700 PSI MINIMUM 10

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT 18 BBL

OWNER NONE

CEMENT AMOUNT ORDERED 55 SKS COM

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING _____ @ _____

MILEAGE _____ @ _____

TOTAL _____

EQUIPMENT

PUMP TRUCK CEMENTER TERRY

191 HELPER DEAN

BULK TRUCK DRIVER WAYNE

315

BULK TRUCK DRIVER _____

REMARKS:

SERVICE

THANK YOU

DEPTH OF JOB 1180'

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

PLUG _____ @ _____

_____ @ _____

_____ @ _____

CHARGE TO: Lobo Production

STREET _____

CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment

TOTAL