

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 30282
Name: Lobo Production, Inc.
Address: 6715 Rd 22
City/State/Zip: Goodland, KS 67735
Purchaser: Oneok Gas Marketing
Operator Contact Person: John Sanders
Phone: (785) 899-5684
Contractor: Name: Excell Drilling Company
License: 8273
Wellsite Geologist: _____

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: _____
Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____
 Deepening Re-perf. Conv. to Enhr./SWD
 Plug Back _____ Plug Back Total Depth _____
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____
11/13/00 11/15/00 11/15/00
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 181-20306-0000
County: Sherman
SE-SW SE Sec. 32 Twp. 7 S. R. 39 East West
500' feet from (S) N (circle one) Line of Section
1500' 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 #: 3-32
Field Name: Goodland Gas Field
Producing Formation: Niobrara

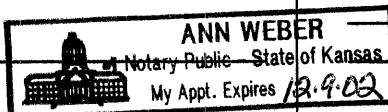
Elevation: Ground: 3644' Kelly Bushing: _____
Total Depth: 1160' Plug Back Total Depth: 1118'
Amount of Surface Pipe Set and Cemented at 344 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cm.

Drilling Fluid Management Plan ALT 1 gk 3/21/01
(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.: _____

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: Paul Sanders
Title: Sec/Treas. Date: 1-12-01
Subscribed and sworn to before me this 12th day of Jan
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

Operator Name: Lobo Production, Inc. Lease Name: Schiolds Well #: 3-32
 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 checked="" 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>977</td> <td>G.L.</td> </tr> </table>	Name	Top	Datum	Niobrara	977	G.L.
Name	Top	Datum					
Niobrara	977	G.L.					

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	# Sacs Used	Type and Percent Additives
Surface	9 7/8	7"	23 lbs	344'	Neat	150	3% CaCl
Production	6 1/4	4 1/2"	15 lbs	1142'	50-50 poz	50	2% Gel 10% Salt

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 <i>(Amount and Kind of Material Used)</i>	
			Depth
1	977-987'	20 ton CO ²	977-1013
1	992-1002'	49,940 lbs 20/40 Sand	
1	1003-1013	40,060 lbs 12/20 Sand	
		10,060 lbs 8/12 Sand	

TUBING RECORD	Size	Set At	Packer At	Liner Run
	NONE			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

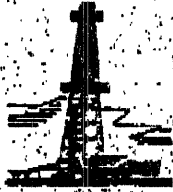
Date of First, Resumerd Production, SWD or Enhr. <u>12/9/00</u>	Producing Method
	<input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	NONE	23	11		

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

METHOD OF COMPLETION

Open Hole Perf. Dually Comp. Commingled 977'-987'
992'-1002'
1003'-1013'



CEMENTER'S WELL SERVICE, INC.
 P.O. BOX 336220 • GREELEY, CO 80633 • (970) 353-7299 • FAX (970) 508-1234

ORIGINAL

Date	11-13-00	Well Owner	LOBO PRODUCTION	Well No.	43-37	Lease	SCHEIDT
County	SHERMAN	State	KANSAS	Field			
Charge To	EXCEL DRILLING					Charge Code	
Address	Rt. # 3					For Office Use Only	
City, State	Wray, Neb.						
Pump Truck No.	1304	Code		Bulk Truck No.	1216	Code	
Type of Job		Depth		From	309	To	
Surface	7"	Bottom of Surface		From	350	To	
Plug		Plug Landed @		330	Time On	7:00 PM	
Production		Pipe Landed @		350	Time On	PLUG DOWN 2045	

Reference No.	Description	Qty	Meas.	Unit Price	Amount
	Pump Truck Charge				
	Cement Neat ✓	150	SBS		
	Poz. Mix				
	Calcium Chloride	3%			
	Gel % Flo-Calc 1/4 #Per Sack				
	Handling Charge				
	Handling Charge				
	Additional Cement				
	7" CENTRALIZER	1			

PREPUSH w/ 9 RASH #2	Tax Reference Code	Sub Total
DISPLACE w/ 12.5 RASH #20	State %	Tax
CIRCULATE 3 RASH CEMENT	Disc	Total

Truck No.	Code	State Mileage	Nebraska	Colorado	Wyoming	Other	Total Mileage
1304		Pump Truck					
1216		Bulk Truck					

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 BART - BILL - CHARLIE - TROY Received By Tom S. [Signature]
 Customer or His Agent