

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

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 Enhr./SWD
 Plug Back _____ Plug Back Total Depth _____
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____

11/21/00 1/12/01 3/13/01
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 181-2030500000
County: Sherman
NW.NW.SW Sec. 33 Twp. 7 S. R. 39 East West
2060 feet from (S) / N (circle one) Line of Section
500 feet from E / (W) (circle one) Line of Section

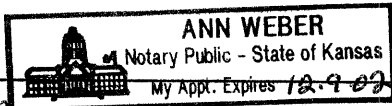
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW (SW)
Lease Name: Kuhlman Well #: 3-33
Field Name: Goodland Gas Field
Producing Formation: Niobrara
Elevation: Ground: 3630' Kelly Bushing: _____
Total Depth: 1190' Plug Back Total Depth: 1154'
Amount of Surface Pipe Set and Cemented at 353' 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 gk 8/2/01
(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: Carol 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

CONSERVATION DIVISION
 MAY 19 4 2001
 RECEIVED
 KANSAS CORPORATION COMMISSION

JAN 1990

Operator Name: Lobo Production, Inc. Lease Name: Kuhlman Well #: 3-33
 Sec. 33 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 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 1022' G.L.

List All E. Logs Run:

Gamma Ray C.B.L.

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	# Sacs Used	Type and Percent Additives
Surface	10"	7"	17 lbs	353'	Common	90	2% Gel
Production	6 1/4"	4 1/2"	10.5 lbs	1182'	Common	50	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	1022-1035	50,300 lbs 20-40 Sand	1022-1068
1	1037-1051	50,000 lbs 10-20 Sand	
0.5	1053-1068	20 Tons CO ²	

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.	Producing Method			
3/14/01	<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
		14 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 1022'-1035'
1037'-1051'
1053'-1068'

15-181-20305-00-00

ORIGINAL

Kuhlman #3-33

Ticket

DELIVERY TICKET
ST. FRANCIS SAND
AND
Redi-Mix

No. 008854

P. O. Box 281 ST. FRANCIS, KS. 67756
Phone 332-3123
REDI-MIX CONCRETE
EXCAVATING

#611

Date 11-22-2020

PROJECT: By Tillot at Southland
Kuhlman #3

SOLD TO: John Swales

ADDRESS: _____

Time Loaded
Time Delivered
Time Released
Time Returned

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.

Rec'd by J. Swales

Truck No.	Driver	Quantity	Price	Amount
		<u>110 yds</u>	<u>75.00</u>	<u>825.00</u>
Mix	Slump	Total Miles	Mileage	
	<u>S - M - D</u>	<u>35</u>	<u>2.10</u>	<u>73.50</u>
Added Water Reduces Strength & durability				
Gals Added		Authorized By		
		<u>Founding Till</u>		<u>25.00</u>
<u>Founding Till</u>		<u>4.50</u>		<u>45.00</u>
Cash	Charge	Sales Tax		
		<u>1.69</u>		
Total				<u>1035.32</u>

ALLIED CEMENTING CO., INC. 7578

Federal Tax I.D. # XXXXXXXXXX

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

ORIGINAL SERVICE POINT:
Oakley

15-181-20305-00-00

DATE <u>1-12-01</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION <u>3:00 PM</u>	JOB START <u>3:20 PM</u>	JOB FINISH <u>3:40 PM</u>
LEASE <u>Rothman</u>	WELL # <u>3-33</u>		LOCATION <u>Goodland 5N 1E 1/4 N</u>			COUNTY <u>Sherman</u>	STATE <u>KS</u>
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR _____ OWNER Sam

TYPE OF JOB Longstring

HOLE SIZE 6 1/4 T.D. 1202

CASING SIZE 4 1/2 DEPTH 1180

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT 18 Bbls

CEMENT AMOUNT ORDERED 50 sk com

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING _____ @ _____

MILEAGE _____ @ _____

TOTAL _____

EQUIPMENT

PUMP TRUCK CEMENTER Dean

191 HELPER Wayne

BULK TRUCK

315 DRIVER Andrew

BULK TRUCK

_____ DRIVER _____

REMARKS:

Float Held

Thank you

SERVICE

DEPTH OF JOB _____ 1180

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

PLUG _____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

CHARGE TO: Loba Production

STREET _____

CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

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