

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

API NO. 15- 167-23208-0000 ORIGINAL

County Russell
120 S
- SW - NW - NE Sec. 26 Twp. 14 S Rge. 15 X W

Operator: License # 30737

1110 Feet from X (circle one) Line of Section

Name: M.A. Yost Oil Operations, Inc. 2310 Feet from X (circle one) Line of Section

Address P.O. Box 811

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

City/State/Zip Russell, Kansas 67665

Lease Name Waudby B Well # 15
Field Name Gorham

Purchaser: _____

Operator Contact Person: Jack Yost

Producing Formation _____

Phone (785) 483-6455

Elevation: Ground 1748 KB 1753

Contractor: Name: Vonfeldt Drilling, Inc.

Total Depth 3168 PBTB _____

License: 9431

Amount of Surface Pipe Set and Cemented at 788 Feet

Wellsite Geologist: Dave Shumaker

Multiple Stage Cementing Collar Used? _____ Yes X No

Designate Type of Completion
X New Well _____ Re-Entry _____ Workover _____
X Oil _____ SWD _____ SLOW _____ Temp. Abd.
_____ Gas _____ ENHR _____ SIGW _____
_____ Dry _____ Other (Core, WSW, Expl., Cathodic, etc)

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cmt.

If Workover:

Drilling Fluid Management Plan ACT I WITHM 10-13-06
(Data must be collected from the Reserve Pit)

Operator: _____

Chloride content 64,000 ppm Fluid volume 400 bbls

Well Name: _____

Dewatering method used Evaporation & Removal

Comp. Date _____ Old Total Depth _____

Location of fluid disposal if hauled offsite:

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

Operator Name M. A. Operations, Inc.

10-9-01 10-15-01 10-15-01

Lease Name Waudby B License No. 30737

Spud Date _____ Date Reached TD _____ Completion Date _____

NE Quarter Sec. 26 Twp. 14 S Rng. 15 X W

County Russell Docket No. D-926

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 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 Marcia A. Blundon

Title President Date 1-18-02

Subscribed and sworn to before me this 18th day of Jan., 19 2002.

Notary Public Margaret Langhofer
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)

RECEIVED

JAN 22 2002

KCC WICHITA

MARGARET LANGHOFER
Notary Public - State of Kansas
My Appt. Expires 11-12-2004

SIDE TWO

Operator Name M. A. Yost Operations, Inc Lease Name Waubdy B Well # 15

Sec. 26 Twp. 14 Rge. 15 East West

County Russell

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 Yes No
(Attach Additional Sheets.)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
(Submit Copy.)

List All E.Logs Run:

Log Formation (Top), Depth and Datum Sample

Name Top Datum

Drillers Well Log Attached

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	# Sacks Used	Type and Percent Additives
Surface Pipe	10"	8 5/8"	24	788 688	60/40	425	
Prod. String	7 7/8"	5 1/2"	14	3161	Common	100	

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

TUBING RECORD	Size 2 7/8"	Set At 3155	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SMD or Inj. _____ Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls. 15	Gas Mcf	Water Bbls. 200	Gas-Oil Ratio	Gravity
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Disposition of Gas: METHOD OF COMPLETION

Production Interval

Vented Sold Used on Lease
(If vented, submit ACO-18.)

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

