

ORIGINAL

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

Operator: License # 6600

Name: Don Karst Well Service, Inc.

Address P.O. Box 1316

Hays, KS 67601

City/State/Zip _____

Purchaser: N/A

Operator Contact Person: Don Karst

Phone (913) 628-1125

Contractor: Name: _____

License: _____

Wellsite Geologist: n/a

Designate Type of Completion
 New Well Re-Entry Workover

Oil SWD S1OW Temp. Abd.
 Gas ENHR S1GW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

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

Operator: Don Karst Well Service, Inc.

Well Name: Koelling #4

Comp. Date 9-25-90 Old Total Depth 3475

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

Spud Date _____ Date Reached TD _____ Completion Date 12-29-93

API NO. 15- 141-20,253

County Osborne

SE - NE - NE - SW Sec. 22 Twp. 10 Rge. 15

2040 Feet from S/N (circle one) Line of Section

2750 Feet from E/W (circle one) Line of Section

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

Lease Name Koelling Well # Four (4) SWD

Field Name Ruggles

Injection XXXXXX
Producing Formation Arbuckle

Elevation: Ground 1783 1788 N2 KB 1788 1793 N2
KCC KCC

Total Depth 3475 PSTD n/a

Amount of Surface Pipe Set and Cemented at 685' 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 cat.

Drilling Fluid Management Plan REWORK J 74 6-9-94
(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 Rng. _____ E/W

County _____ Docket No. _____

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 Donald Karst

Title President Date 1-13-94

Subscribed and sworn to before me this 13th day of January, 19 94.

Notary Public Colleen Payton

Date Commission Expires May 2, 1995

Colleen Payton
NOTARY PUBLIC
State of Kansas

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
 KCC SWD/Rep MGA
 KGS Plug
RECEIVED
CORPORATION COM
1-24-94
JAN 24 1994
CONSERVATION DIVISION
Wichita, Kansas

Operator Name Don Karst Well Service, Inc. Lease Name Koelling Well # 4 SWD

Sec. 22 Twp. 10s Rge. 15
 East
 West

County Osborne

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
Anhydrite	952	+836
Base Anhydrite	986	+802
Topeka	2664	-876
Heebner	2905	-1117
Toronto	2928	-1140
Lansing/KC	2957	-1169
Base KC	3223	-1435
Conglomerate	3320	-1532
Arbuckle	3357	-1569
R.T.D.	3473	-1685

CASING RECORD <input checked="" 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	# Sacks Used	Type and Percent Additives
Surface	12-1/4	8-5/8	20#	685	60/40 poz	300	3%cc, 2% gel
Production	7-7/8	5-1/2	14#	3469	60/40 poz	225	10% salt, 5% gel

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate	2695-2698			
<input type="checkbox"/> Protect Casing	3005-3009	60/40 poz	250	
<input type="checkbox"/> Plug Back TD				
<input checked="" 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
4 HPF	3425-3430		

TUBING RECORD		Size	Set At	Packer At	Liner Run			
		2-3/8"	3394.55'	3394.55'	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Date of First, Resumed Production, SWD or Inj.			Producing Method <input 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--injection well							

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
Injection
3425-3430'