

FORM MUST BE TYPED

SIDE ONE

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

API No. 15- 065-03141 <sup>00-01</sup> ORIGINAL

County Graham  
NE - SE - SE <sup>SE</sup> Sec. 09 Twp. 10S Rge. 25 <sup>E</sup> X <sup>W</sup>

Operator: License # 03553

± 600 Feet from S (circle one) Line of Section

Name: Citation Oil & Gas Corp.

± 100 Feet from E (circle one) Line of Section

Address P.O. Box 690688

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

City/State/Zip Houston, TX 77269-0688

Lease Name Elrick Well # 8-2

Purchaser: N/A

Field Name Elrick

Operator Contact Person: Debra Harris

Producing Formation LKC 3756' - 3980'

Phone (281) 517-7194

Elevation: Ground \_\_\_\_\_ KB 2508'

Contractor: Name: N/A

Total Depth 4224' PBTD 3650'

License: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at 243 Feet

Wellsite Geologist: \_\_\_\_\_

Multiple Stage Cementing Collar Used? \_\_\_\_\_ Yes X No

Designate Type of Completion

If yes, show depth set \_\_\_\_\_ Feet

\_\_\_\_\_ New Well \_\_\_\_\_ Re-Entry X Workover

If Alternate II completion, cement circulated from \_\_\_\_\_

X Oil \_\_\_\_\_ SWD X SOW \_\_\_\_\_ Temp. Abd.  
\_\_\_\_\_ Gas \_\_\_\_\_ ENHR \_\_\_\_\_ SIGW  
\_\_\_\_\_ Dry \_\_\_\_\_ Other (Core, WSW, Expl., Cathodic, etc.)

feet depth to \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.

If Workover/Reentry: Old Well Info as follows:

Drilling Fluid Management Plan ALT II within 9-8-06  
(Data must be collected from the Reserve Pit)

Operator: Wood River Oil & Refining

Chloride content \_\_\_\_\_ ppm Fluid volume \_\_\_\_\_ bbls

Well Name: Garey #2

Deaerating method used \_\_\_\_\_

Comp. Date 11/18/58 Old Total Depth 4224

Location of fluid disposal if hauled offsite: \_\_\_\_\_

X Deepening 1/61 Re-perf. \_\_\_\_\_ Conv. to Inj/SWD  
\_\_\_\_\_ Plug Back CIBP @ 3650' 12/00 PBTD  
\_\_\_\_\_ Commingled \_\_\_\_\_ Docket No. \_\_\_\_\_  
\_\_\_\_\_ Dual Completion \_\_\_\_\_ Docket No. \_\_\_\_\_  
\_\_\_\_\_ Other (SWD or Inj?) Docket No. \_\_\_\_\_

Operator Name \_\_\_\_\_

Lease Name \_\_\_\_\_ License No. \_\_\_\_\_

\_\_\_\_\_ Quarter Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S Rng. \_\_\_\_\_ E/W

County \_\_\_\_\_ Docket No. \_\_\_\_\_

Spud Date \_\_\_\_\_ Date Reached TD \_\_\_\_\_ Completion Date SI-12/6/00

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 Debra Harris Debra Harris

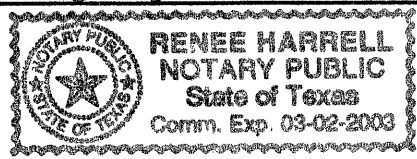
Title Regulatory Analyst Date 1/10/01

Subscribed and sworn to before me this 10th day of January,  
2001

Notary Public Renee Harrell

Date Commission Expires 3-2-03

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)			



Operator Name Citation Oil & Gas Corp. Lease Name Elrick Unit Well # 8-2  
 Sec. 09 Twp. 10S Rge. 25  East County Graham  
 West

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 Datums  Sample  
 Name Top Datum

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	# Sacks Used	Type and Percent Additives
Surface	Unknown	8-5/8"	Unknown	243'	Unknown	175	Unknown
Production	7-7/8"	5-1/2"	14#	4214'	Unknown	175	Unknown

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 checked="" type="checkbox"/> Plug Off Zone	3650'	Unknown	1	Unknown

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	
		6	3802' - 08'; 3905' - 09';
4	3756' - 62'; 3928' - 34';		
4	3956' - 60'; 3974' - 80'		
		CIBP capped w/1 sx cement	3650'

TUBING RECORD		Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		None - pulled			
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)			
N/A					
Estimated Production Per 24 Hours	Oil <u>0</u> Bbls.	Gas <u>0</u> Mcf	Water <u>0</u> Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas: METHOD OF COMPLETION Production Interval

Vented  Sold  Used on Lease  Open Hole  Perf.  Dually Comp.  Commingled  
 (If vented, submit ACO-18.)  Other (Specify) \_\_\_\_\_