

RECEIVED

APR 15 2002

KCC WICHITA

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 # 5920
Name: Te-Pe Oil & Gas
Address: P.O. Box 522
City/State/Zip: Canton, Kansas 67428
Purchaser: N C R A
Operator Contact Person: Terry P. Bandy
Phone: (620) 628-4428
Contractor: Name: Cyclone Well Service, Inc.
License: 3038
Wellsite Geologist: -

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: Cooperative Refinery Assn.
Well Name: Eaton #9
Original Comp. Date: 4/15/58 CTTD 2964
Original Total Depth: 2936
 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. E-7971
6/22/00 6/22/00 7/1/00
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - Drilled 3/29/58 15-113-02404-0002
County: McPherson
C N/2 N/2 ^{NE} Sec. 26 Twp. 19 S. R. 2 East West
660 feet from S (N) (circle one) Line of Section
1320 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) (NE) SE NW SW
Lease Name: Eaton Well #: 9
Field Name: Ritz-Canton
Producing Formation: Mississippi
Elevation: Ground: 1551 Kelly Bushing: 1556
Total Depth: 2964 Plug Back Total Depth: 2905
Amount of Surface Pipe Set and Cemented at 186 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.
W/ 1-17-02

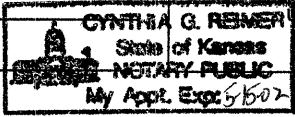
Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used No fluids used
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ 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: Terry P. Bandy
Title: Operator Date: 4/11/02
Subscribed and sworn to before me this 11th day of April,
2002
Notary Public: Cynthia G. Reimer
Date Commission Expires: May 15, 2002

KCC Office Use ONLY
 Letter of Confidentiality Attached
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
LIC Distribution



X

Operator Name: Te-Pe Oil & Gas Lease Name: Eaton Well #: 9
 Sec. 26 Twp. 19 S. R. 2 East West County: McPherson

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> 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	12-1/4	8-5/8	28	186	Pozmix	150	-
Production	7-7/8	5-1/2	14	2934	Pozmix	75	-

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
10	660-670	Production natural	

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

Date of First, Resumed Production, SWD or Enhr. <u>7/1/00</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 Bbbs. <u>0</u>	Gas Mcf <u>304</u>	Water Bbbs. <u>0</u>	Gas-Oil Ratio <u>BTU 669</u>	Gravity
-----------------------------------	--------------------	--------------------	----------------------	------------------------------	---------

Disposition of Gas	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" type="checkbox"/> Used on Lease <i>(If vented, Sumit ACO-18.)</i>	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <u>660-670</u> <input type="checkbox"/> Other (Specify) _____	