

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

15-099-23386-00-00

Operator: License # 9313
Name: James D. Lorenz
Address: 543A 22000 Road
City/State/Zip: Cherryvale, Kansas 67335-8515
Purchaser: none
Operator Contact Person: James D. Lorenz
Phone: (620) 328-4433
Contractor: Name: James D. Lorenz
License: 9313
Wellsite Geologist: none

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MAY 11 2004

KCC WICHITA

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW 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. _____

<u>12-29-03</u>	<u>12-31-03</u>	<u>1-15-04</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15-~~099-23216-00-00~~
County: Labette
SW.SW.SW Sec. 33 Twp. 31 S. R. 18 East West
460' feet from (S) / N (circle one) Line of Section
4950' feet from (E) / W (circle one) Line of Section

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

Lease Name: LOR Well #: 14
Field Name: Dartnell

Producing Formation: Burgess sand

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: 1005' Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at 1005' Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 1005' of 4 1/2"

feet depth to surface w/ 150 sx cmt.

ALT II W HW 10-16-06

Drilling Fluid Management Plan
(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: Helen L. Lorenz

Title: Agent Date: 4-26-04

Subscribed and sworn to before me this 26th day of April,
2004.

Notary Public: Lisa J. Lorenz

Date Commission Expires: 2-19-2008

KCC Office Use ONLY

Letter of Confidentiality Attached

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

LISA J. LORENZ
Notary Public - State of Kansas
My Appt. Expires 2-19-2008

15-099-23386-00-00

Side Two

Operator Name: James D. Lorenz Lease Name: LOR Well #: 14
 Sec. 33 Twp. 31 S. R. 18 East West County: Labette

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: *drillers log	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> RECEIVED MAY 11 2004 KCC WICHITA </div>
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CASING RECORD <input type="checkbox"/> New <input checked="" 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	11"	8 5/8"	20'	20'	Portland	6	none
production	6 3/4"	4 1/2"	1005'	1005'	OWC	150	none

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 <i>(Amount and Kind of Material Used)</i>	Depth
	<i>* No perforations at this time (Will send amended copy when done)</i>		

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr.		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

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 _____

James D. Lorenz KCC Lic. #9313
 543A 22000 ROAD
 CHERRYVALE, KANSAS 67335-8515
 620-328-4433 OFFICE

15-099-23386-00-00

TICKET NUMBER 011504
 LOCATION _____
 FOREMAN JL, BL, RL

CEMENT TREATMENT REPORT

DATE <u>1/5/04</u>	CUSTOMER# <u>Lorenz</u>	WELL NAME <u>Lor #14</u>	
SECTION <u>33</u>	TOWNSHIP <u>31</u>	RANGE <u>18 E</u>	COUNTY <u>Labette</u>
CUSTOMER <u>James D. Lorenz</u>			
MAILING ADDRESS <u>543A 22000 Road</u>			
CITY <u>Cherryvale</u>			
STATE <u>Kansas</u>		ZIP CODE <u>67335</u>	
TIME ARRIVED ON LOCATION			

HOLE	PIPE	ANNUAL VOLUME IN LINEAR FT./BL.	
6 3/4"	4 1/2"	40.5	<u>24</u>
6 1/4"	4 1/2"	54.5	
6 1/4"	2 1/2"	33.5	
5 1/4"	2 1/2"	53.5	
5 1/4"	2"	47	
TUBING-LINEAR FT./BL.			
4 1/2"	9.5 lb.	61.7	
4 1/2"	10.5 lb.	63.1	
4 1/2"	11.6 lb.	64.5	<u>16</u>
2 1/2"		170	
2"		250	

20

WELL DATA

HOLE SIZE	
TOTAL DEPTH	
CASING SIZE	
CASING DEPTH	
OPEN HOLE	
PACKER DEPTH	
WIRE LINE <u>1</u>	READING BEFORE <u>1004</u>
WIRE LINE	READING AFTER <u>1006</u>
TREATMENT VIA	

TYPE OF TREATMENT

<input type="checkbox"/> SURFACE PIPE
<input checked="" type="checkbox"/> PRODUCTION CASING
<input type="checkbox"/> SQUEEZE CEMENT
<input type="checkbox"/> PLUG AND ABANDON
<input type="checkbox"/> PLUG BACK
<input type="checkbox"/> MISF. PUMP
<input type="checkbox"/> WASH DOWN
<input type="checkbox"/> OTHER

INSTRUCTIONS PRIOR TO JOB _____

AUTHORIZATION TO PROCEED _____ TITLE _____ DATE _____

HOOKED ONTO 4 1/2" "CASING. ESTABLISHED CIRCULATION WITH 20 BARRELS OF WATER, RAN 2 Sx. GEL, 1 Sx. COTTONSEED HULLS, 1 Sx. METASILICATE AHEAD, THEN BLENDED 150 SACKS OF OWC CEMENT, THEN DROPPED RUBBER PLUG, THEN PUMPED 16 BARRELS OF WATER.

- PLUG ON BOTTOM
- SHUT IN PRESSURE
- LOST CIRCULATION
- GOOD CEMENT RETURNS
- TOPPED OFF WELL WITH _____ SACKS

[Signature]
 (SIGNATURE)

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