

ORIGINAL

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

Operator: License # 32512
Name: Foster Gas corporation
Address HC 30 Post 18 Box 4
Brownwood Texas 76801

Purchaser: _____
Operator Contact Person: Thomas Lewis
Phone (915), 784-9018

Contractor: Name: Foster Gas Corporation
License: 32512

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:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

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

10/21/99 10/22/99 10/22/99
Spud Date Date Reached TD Completion Date

API NO. 15- 099-23151-00-00
County Labette
SE NE Sec. 12 Twp. 33S Rge. 17 ^{NE} _W

3280 Feet from S/N (circle one) Line of Section
661 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 GJ Rutgen Well # 2B

Field Name _____

Producing Formation Bartelsville

Elevation: Ground _____ KB _____

Total Depth 775 PBTD _____

Amount of Surface Pipe Set and Cemented at 23.3 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 0

feet depth to 775 w/ 4 sx cnt.

Drilling Fluid Management Plan ALT II WAM 2-7-02
(Data must be collected from the Reservoir) **RECEIVED**

Chloride content _____ ppm MAR 25 2002 ^{Volume} bbls

Dewatering method used KCC WICHITA

Location of fluid disposal if hauled offsite: _____

Operator Name McPherson Drilling

Lease Name GJ Rutgen Maddox License No. 5675

Quarter 12 Twp. 33S S Rng. 17E E/W

County Labette Docket No. _____
Air Drilling

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 [Signature]
Title President Date 3-10-00
Subscribed and sworn to before me this 10 day of March
Notary Public [Signature]
Date Commission Expires 2-24-00

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 Foster Gas Corporation Lease Name GJ Rutgen Well # 2B

Sec. 12 Twp. 33S Rge. 17E
 East
 West

County Labette

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 (Attach Additional Sheets.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	See attachment		
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
List All E.Logs Run:				

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
	11	8 5/8	35#	23.3	Portland	4	
					Oil Well	100	
Production	6 3/4	4 1/2		775'	Portland		

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input checked="" type="checkbox"/> Perforate	634-644			
<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
2 1/2	21 shots 634'- 644'		
	17 shots 717'-725'		

TUBING RECORD		Size <u>2 3/8</u>	Set At <u>710'</u>	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SMD or Inj.		Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
March 18, 2000					
Estimated Production Per 24 Hours	Oil <u>xx</u>	Bbls. <u>2 bopd</u>	Gas	Mcf	Water Bbls. Gas-Oil Ratio Gravity

Disposition of Gas: **METHOD OF COMPLETION** **Production Interval**

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

Open Hole Perf. Dually Comp. Commingled

Other (Specify) _____