

ORIGINAL

SIDE ONE

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

Operator: License # 5465
Name: John B. Collins/DBA B.J. Oil Co.
Address 1503 Vine St., Suite B
City/State/Zip Hays, Kansas 67601

Purchaser: _____

Operator Contact Person: Roxie VonLintel

Phone (913) 628-1046

Contractor: Name: Western Kansas Drilling, Inc.

License: 4083

Wellsite Geologist: Randall Kilian

Designate Type of Completion

New Well Re-Entry Workover

Oil SWD Temp. Abd.

Gas Inj Delayed Comp.

Dry Other (Core, Water Supply, etc.)

2/18/91
8-1991

If **OWMO**: old well info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Drilling Method:

Mud Rotary Air Rotary Cable

1-18-91 1-30-91 1-31-91

Spud Date Date Reached TD Completion Date

API NO. 15- 065-22,617 -00-00

County Graham

S2 NW NE Sec. 26 Twp. 09 Rge. 21 East West

4290' Ft. North from Southeast Corner of Section

1910' Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)

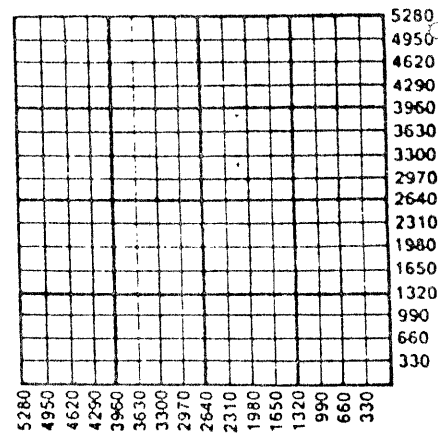
Lease Name Cox C Well # 3

Field Name Morel Pool

Producing Formation _____

Elevation: Ground 2283' KB 2288'

Total Depth 3835' PBTD 3830'



AIT DPA

Amount of Surface Pipe Set and Cemented at 208' 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.

INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date of any well. Rule 82-3-130, 82-3-107 and 82-3-106 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 drillers time log 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. Any recompletion, workover or conversion of a well requires filing of ACO-2 within 120 days from commencement date of such work.

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 John B. Collins

Title Owner Date 2-7-91

Subscribed and sworn to before me this 7 day of February, 19 91.

Notary Public Roxie VonLintel

Date Commission Expires May 21, 1993

K.C.C. OFFICE USE ONLY		
F	<input type="checkbox"/>	Letter of Confidentiality Attached
C	<input type="checkbox"/>	Wireline Log Received
C	<input type="checkbox"/>	Drillers Timelog Received
Distribution		
<input checked="" type="checkbox"/>	KCC	<input type="checkbox"/> SWD/Rep
<input type="checkbox"/>	KGS	<input type="checkbox"/> Plug
<input type="checkbox"/>		<input type="checkbox"/> NGPA
<input type="checkbox"/>		<input type="checkbox"/> Other (Specify)

91

SIDE TWO

Operator Name John B. Collins/DBA B.J. Oil Co. Lease Name Cox C Well # 3
 Sec. 26 Twp. 09 Rge. 21 East West
 County Graham

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.)

Formation Description		
	Log	Sample
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Name	Top	Bottom
Anhy.	1745'	+ 544
Topeka	3249'	- 961
Heeb.	N/A	N/A
Lansing Kc.	3494'	-1208
Base Kc.	3715'	-1427
Simp. Sd.	3798'	-1510
Arb.	3813'	-1521
RTD	3835'	-1547

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 Pipe	12 1/4"	8 5/8	19#	208'	60/40 Poz.	140sks	3%cc, 2% ge
PERFORATION RECORD				Acid, Fracture, Shot, Cement Squeeze Record			
Shots Per Foot	Specify Footage of Each Interval Perforated			Depth			Depth
TUBING RECORD				Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Size	Set At	Packer At				
Date of First Production		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, submit ACO-18.)

METHOD OF COMPLETION

Open Hole Perforation Dually Completed Commingled

Other (Specify) _____

Production Interval _____

DRILL STEM TESTS

NO	INTERVAL	IFP/TIME	ISIP/TIME	FFP/TIME	FSIP/TIME	IHP/FHP	RECOVERY
1	Arb. 3811- 3818'	41# 41# 30"	1036# 30"	57# 74# 30"	995# 45"	2107# 2090#	50' G,O&W,C,Mud 60' G,O,& M,C,W or 60' O,& M,C,Wat
2	ORIGINAL						
3							
4							
5							
6							
7							
8							

FFR 8 1991



P.O. Box 4442
Houston, Tx. 77210

REMIT TO: P.O. Box 100806, Houston, Tx. 77212

SERVICE OPERATIONS CONTRACT
TERMS NET 30 DAYS FROM DATE OF CONTRACT

CUSTOMER ACCOUNT NO.				DATE: 1-31-91		SERVICE CONTRACT NO. 627660			
CUSTOMER: B.J. Oil				DIST. NAME: HAYS		NEW WELL <input checked="" type="checkbox"/> WELL TYPE: 0 OLD WELL <input type="checkbox"/>		JOB NUMBER: 1100	
ADDRESS:				DIST. NUMBER: 3370		WELL NO. 3		LEASE NAME & FEDERAL OFFSHORE LEASE NO. Cox	
CITY: HAYS STATE: KS ZIP: 67601				COUNTY/PARISH: Graham		CODE: 5-1 STATE: KS		CODE: 14	
AUTHORIZED BY: Jim Manley (Please Print)				ORDER NO.		FIELD NAME:		WELL OWNER: B.J. Oil	
STAGE NO.		JOB CODE: PTA		WORKING DEPTH: 3825 FT		PUMPING EQUIPMENT		TIME (A OR P) DATE	
TOTAL PREV. GALS.		1 SURFACE <input type="checkbox"/> 2 INTERMEDIATE <input type="checkbox"/> 3 PRODUCTION <input type="checkbox"/> 4 REMEDIAL <input type="checkbox"/>				TRUCK CALLED		12:15 PM 01/31/91	
TOTAL MEAS. DEPTH:		SIZE HOLE: 7 7/8		DEPTH: FT		ARRIVED AT JOB		2:00 PM	
FT.		SIZE & WT. CASING		DEPTH: FT		START OPERATION			
AVG. PSI.		SIZE & WT. DRILL PIPE OR TUBING: 4 1/2		DEPTH: FT		FINISH OPERATION			
MAX. PSI.		PACKER DEPTH		FLUID PUMPED		TIME RELEASED		9:45 AM 01/31/91	
REVENUE EQUIPMENT (UNIT NUMBERS)					EMPLOYEES ON JOB (EMPLOYEE NUMBER)				

REVENUE EQUIPMENT (UNIT NUMBERS)	EMPLOYEES ON JOB (EMPLOYEE NUMBER)
BSU 46029	D Rundle 40 9524
BSU 7020	E BAHIN 52 1345
P 10624	B Leikom 44 6953

MAX. BPM: 5
W/S EMPLOYEE NUMBER: 446953

PRICE BOOK REF.	PART NO.	U/M	QTY.	PART NO.	U/M	QTY.	CEMENT <input checked="" type="checkbox"/>	FRAC <input type="checkbox"/>	ACID <input type="checkbox"/>	SAND. CONTROL <input type="checkbox"/>

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered)
The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without the written consent of an officer of BJ SERVICES.

PRICE BOOK: 0.1
SIGNED: _____ (WELL OWNER, OPERATOR, CONTRACT OR AGENT)

PRICE BOOK REF. NO.	QUANTITY	DESCRIPTION	UNIT PRICE	U/M	PRICE EXTENSION
		Received 2-1-91 Paid 2-1-91			
		Lease / Well # Cox C.#3			
		\$ 1920.57 Ch. # 1005			
		Vendor # 018			
		Acct. # 132.500.000			
		Bill By: BLC			

SERVICE REPRESENTATIVE: Bill R. Johnson
THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: Jim Manley
CHECK IF CONTINUATION IS USED (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)



SERVICE OPERATIONS CONTRACT CONTINUATION

CONTRACT NO. 627660

ORIGINAL

JOB 01/31/91 DISTRICT H-15 DIST NO 3370

AUTHORIZED BY Jim Manley

CUSTOMER B.P.O. Co.

PRICE BOOK 01

PRICE BOOK REF. NO.	QUANTITY	DESCRIPTION	UNIT PRICE	U/M	PRICE EXTENSION
10100302	1	Pump Truck Charge	440.00	C	440 00
10109005	10	Pump Truck Mileage	2.35	M	47 00
10410504	129	Common Cement	5.45	Q	703 05
10415018	86	Poz	2.88	Q	247 68
10420145	1109	Gal	.13	L	144 22
10422005	50	cellophane	1.21	L	60 50
10430539	1	Plus	12.00	E	12 00
10880001	215	Handling & Pumping	1.10	SK	236 50
10940101	196	Handling 9.8 TONS 20mi	.70	TM	137 20
		Subtotal			2078 15
		less			202 82
		Sub Total			1825 33
		Fuel Surcharge			45 63
		Subtotal			1870 96
		Tax			49 61
					1920 57

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SERVICE REPRESENTATIVE Bill R. Leman

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: Jim Manley

CHECK IF CONTINUATION IS USED

(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

CUSTOMER: This is not an invoice - This Service Operations Contract is subject to review and correction by our Accounting Department.



P.O. Box 4442
Houston, Texas 77210

ORIGINAL

CEMENTING LOG

STAGE NO. _____

13191 District HAYS Ticket No. 627160
 Company B. J. Oil Co. Rig WRO
 Lease Gox Well No. 3
 County Green State Ks
 Location _____ Field _____
155W 1/4 E PAICO

CASING DATA: PTA Squeeze
 Surface Intermediate Production Liner
 Size _____ Type _____ Weight _____ Collar _____

Logging Depths Top _____ Bottom _____

Drill Pipe Size _____ Weight _____ Collars _____
 Open Hole Size 7 7/8 T.D. _____ ft. P.B. to _____ ft.

CAPACITY FACTORS:
 Casing: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Open Holes: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Drill Pipe: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Annulus: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Perforations: From _____ ft. to _____ ft. Amt. _____

CEMENT DATA:
 Spacer Type: _____
 Amt. _____ Sks Yield _____ ft³/sk Density _____ PPG

LEAD: Pump Time _____ hrs. Type _____
6 1/2 Excess _____
 Amt. 215 Sks Yield 1.57 ft³/sk Density _____ PPG

TAIL: Pump Time _____ hrs. Type _____
 Excess _____
 Amt. _____ Sks Yield _____ ft³/sk Density _____ PPG
 WATER: Lead _____ gals/sk Tail _____ gals/sk Total _____ Bbls.

Pump Trucks Used H6028 - Deery
 Bulk Equip. 2020 Cem

Float Equip: Manufacturer _____
 Shoe: Type _____ Depth _____
 Float: Type _____ Depth _____
 Centralizers: Quantity _____ Plugs Top _____ Btm. _____
 Stage Collars _____
 Special Equip. _____
 Disp. Fluid Type _____ Amt. _____ Bbls. Weight _____ PPG
 Mud Type _____ Weight _____ PPG

COMPANY REPRESENTATIVE Jim Mantley

CEMENTER Bill R. Jackson

TIME	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	RATE Bbls Min.	
						1st plug at _____ of 25 sks
						2nd plug at 1760' of 25 sks
						3rd plug at 1015' of 100 sks
						4th plug at 260' of 40 sks
						5th plug at 40' of 10 sks
						15 sks in Rathole
						TOTAL 215 sks 6 1/2 hrs per 6 1/2 gal to 4 sks per sk plug down at 9:45 A

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LOAD SHEET

ICES

ORDER NUMBER	CONTRACT NUMBER	DATE	DISTRICT NAME
CUSTOMER NAME AND ADDRESS		DIRECT SHIPMENT FROM	
OPTIONAL		VENDOR NAME	

Item No.	Part Number	Description	UNIT OF MEASURE	AMOUNT LOADED	DIRECT SHIPPED	AMOUNT RETURNED
1	410504	Common Cement	Q	129		
2	413018	Pozmix	Q	96		
3	422004	Cellophane	L	50		
4	420145	Sel	L	1109		
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COPY 1 - DISTRICT COPY COPY 2 - CUSTOMER COPY COPY 3 - HOUSTON	LOADED BY: <i>Dean, Cathy & Bill</i> PRINTED: <i>Dean Kunda</i> SIGNATURE: _____	CUSTOMER: <i>Jim Manley</i> SIGNATURE: _____
	DATE: <i>1-31-91</i>	