

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 # 6137
Name: Donald & Jack Ensminger
Address: 1446-3000 St.
City/State/Zip: Moran, Kansas 66755
Purchaser: Crude Marketing
Operator Contact Person: Don Ensminger
Phone: (316) 496-2300 or 496-7181 Cell
Contractor: Name: Company tools
License: 6137
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: _____
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. _____
12-12-03 12-15-03 1-14-04
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-001-29036-0000
County: Allen
SE NE NE SW Sec. 14 Twp. 25 S. R. 19 East West
1985 feet from S / N (circle one) Line of Section
4185 2970 feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Scott Well #: B-20
Field Name: Moran
Producing Formation: Bartlesville
Elevation: Ground: Ground Kelly Bushing: _____
Total Depth: 899 Plug Back Total Depth: 896
Amount of Surface Pipe Set and Cemented at 20' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from Surface
feet depth to 896 w/ 100 sx cmt.

Drilling Fluid Management Plan ALT #2 KGR 6/05/07
(Data must be collected from the Reserve Pit)
Chloride content 125 ppm Fluid volume _____ bbls
Dewatering method used Air dry backfill & level
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: Donald Ensminger
Title: Owner Date: 3-4-04
Subscribed and sworn to before me this 4 day of March
#2004
Notary Public: Michele L. Ogle
Date Commission Expires: 6-9-04

MICHELE L. OGLE
Notary Public - State of Kansas
My Appt. Expires 6-9-04

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



Operator Name: Donald & Jack Ensminger Lease Name: Scott Well #: B-20
 Sec. 14 Twp. 25 S. R. 19 East West County: Allen

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 (Attach Additional Sheets) 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 (Submit Copy) List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> </thead> <tbody> <tr> <td>Soil</td> <td>0</td> <td>1268</td> </tr> <tr> <td>Ls with Sh Streaks</td> <td>14</td> <td>268</td> </tr> <tr> <td>Sh with Ls streaks</td> <td>268</td> <td>839</td> </tr> <tr> <td>Oil Sd</td> <td>839</td> <td>880</td> </tr> <tr> <td>Sh</td> <td>880</td> <td>899 TD</td> </tr> </tbody> </table>	Name	Top	Datum	Soil	0	1268	Ls with Sh Streaks	14	268	Sh with Ls streaks	268	839	Oil Sd	839	880	Sh	880	899 TD
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CASING RECORD <input checked="" 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	# Sacjs Used	Type and Percent Additives
Surface	10 1/2"	7"	21	20'	Common	5 Sx	None
Production	5 5/8	2.7/8	6.5	896	Common	100	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 (Amount and Kind of Material Used)	Depth
2	21 shots 846-856	100 gal. acid 30 sx sand	
		120 bbl. gelled water	846-856

TUBING RECORD		Size 1"	Set At 865	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. 1-20-04		Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil Bbls. 12	Gas Mcf trace	Water Bbls. 6	Gas-Oil Ratio	Gravity 24

Disposition of Gas METHOD OF COMPLETION Production Interval

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

WYLLISS CONCRETE
802 N. INDUSTRIAL RD.
P.O. BOX 664
WICHITA KS 66749

Phone: 620-365-5588
Fax:

Ship to:
ENSMINGER OIL
1446 3000 ST.
MORAN, KS 66755

ORIGINAL Invoice

Invoice Number:
11309

Invoice Date:
Dec 15, 2003

Page:
1

RECEIVED
MAR 08 2004
KCC WICHITA

Duplicate

Ship to:

Customer ID
EN001

Customer PO
SCOTT LS#B20

Sales Rep ID

Shipping Method

TRUCK

Quantity	Item
100.00	CEM/WAT
1.00	TR001

Description
PER BAG CEMENT/WATER MIX
TRUCKING

Payment Terms
Net 10th of Next Month

Ship Date	Due Date
	1/10/04
Unit Price	Extension
6.00	600.00
35.00	35.00

Check/Credit Memo No:

Subtotal	635.00
Sales Tax	40.01
Total Invoice Amount	675.01
Payment/Credit Applied	
TOTAL	675.01