

MUST BE TYPED

SIDE ONE

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

API NO. 15- 167-231680000 ORIGINAL

County Russell
210' W & 80' S
- NE - SW - NE Sec. 26 Twp. 14 Rge. 15 E

Operator: License # 30737
Name: M.A. Yost Oil Operations, Inc.
Address P.O. Box 811

3550 Feet from SW (circle one) Line of Section
1860 Feet from EW (circle one) Line of Section

Purchaser: _____
City/State/Zip Russell, KS 67665

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

Operator Contact Person: Jack Yost

Lease Name Waudby B Well # 14

Phone (785) 483-6456

Fed Name Gorham

Contractor: Name: Vonfeldt Drilling, Inc.

Producing Formation None

License: 9431

Elevation: Ground 1766 KB 1771

Wellsite Geologist: Dave Shumaker

Total Depth 3196 PBDT _____

Designate Type of Completion
 New Well Re-Entry Workover

Amount of Surface Pipe Set and Cemented at 794 Feet

Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

Multiple Stage Cementing Collar Used? Yes No

If Workover:

If yes, show depth set _____ Feet

Operator: _____

If Alternate II completion, cement circulated from _____

Well Name: _____

feet depth to _____ w/ _____ sx cmt.

Comp. Date _____ Old Total Depth _____

Drilling Fluid Management Plan ACT WITH
(Data must be collected from the Reserve Pit) 6-29-07

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

Chloride content 28,000 ppm Fluid volume 300 bbls

5-5-00 5-10-00 5-10-00
Spud Date Date Reached TD Completion Date

Dewatering method used Allow to dry & backfill

Location of fluid disposal if hauled offsite:

Operator Name _____
Lease Name _____ License No. _____
Quarter Sec. Twp. S Rng. E/W
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 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 Marcia A. Yost
Title President Date 7-11-00

Subscribed and sworn to before me this 11th day of July, 2000.

Notary Public Margaret Langhofer
Date Commission Expires _____
My Appt. Expires 11-19-2000

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 M.A. Yost Operations

Lease Name Waubby B Well # 14

Sec. 26 Twp. 14 Rge. 15
 East
 West

County Russell

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 type="checkbox"/> Log Formation (Top), Depth and Datums	<input checked="" 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		
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 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	10"	8 5/8"	23 Ft.	794'	60/40 Poz	325	2%Gel 3%cc
Production	7"	5 1/2"	14#	3,195	Common	50	

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

TUBING RECORD		Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
		None			
Date of First, Resumed Production, SMD or Inj. T.A.			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
	0	0	0		

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled Other (Specify) T.A.

Production Interval: _____

ING CO., INC

ORIGINAL

INVOICE

67665
483-3887
(785) 483-5566

10002

Invoice Number: 081203

Invoice Date: 05/06/00

Sold M. A. Yost Operations, Inc
P. O. Box 511
Russell, KS
67665

Due Date: 06/05/00
Terms: Net 30

Item I. D. / Desc.	Qty. Used	Unit	Price	Total	
Common	195.00	SKS	6.3500	1238.25	E
Pozmix	130.00	SKS	3.2500	422.50	E
Gel	6.00	SKS	9.5000	57.00	E
Chloride	10.00	SKS	28.0000	280.00	E
Handling	325.00	SKS	1.0500	341.25	E
Mileage (12)	12.00	MILE	13.0000	156.00	E
325 sks @ \$3.04 per sk per mi					
Long Surface	1.00	JOB	580.0000	580.00	E
Mileage pmp trk	12.00	MILE	3.0000	36.00	E
Rubber plug	1.00	EACH	90.0000	90.00	E

All Prices Are Net, Payable 30 Days Following
Date of Invoice. 1.2% Charged Thereafter.
If Account CURRENT take Discount of \$ 23.22
ONLY if paid within 30 days from Invoice Date

Subtotal: 3201.00
Tax: 0.00
Payments: 0.00
Total: 3201.00

CK 2522
5-19-00

3201.00
01 3201.00

CEMENTING CO., INC.

ORIGINAL

SKS 67665
483-3887
5) 483-5566

INVOICE

Invoice Number: 081237

Invoice Date: 05/10/80

Sold M. A. Yost Operations, Inc
To: P. O. Box 911
Rural, MO
63078

Customer: Yost
P.O. Number: Rural, MO 63078
R.O. Date: 05/10/80

Due Date: 05/29/80
Terms: Net 30

Item I.D.	Description	Qty. Used	Unit	Price	Ext	
Common		75.00	SKS	6.3500	476.25	E
Handling		75.00	SKS	1.0500	78.75	E
Mileage min. cog.		1.00	MILE	100.0000	100.00	E
Production		1.00	JOB	1080.0000	1080.00	E
Mileage pmp tra.		9.00	MILE	3.0000	27.00	E
Rubber plug		1.00	EACH	50.0000	50.00	E

All Prices are Net, Payable 30 Days Following
 Date of Invoice, 1 1/2% Charged Thereafter.
 If Account CURRENT take Discount of \$ 121.20
 ONLY if paid within 30 days from Invoice Date

Subtotal: 1812.00
 Tax: 0.00
 Payments: 0.00
 Total: 1812.00

OK 2539
5/22/a

1812.00
OK