

SIDE ONE

9 1111 2 4 1991

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

API NO. 15- 173-20,838 -00-00
County Sedgwick FROM CONFIDENTIAL

SW NW NE Sec. 12 Twp. 26S Rge. 2 E East
4290 West

2310' Ft. North from Southeast Corner of Section

2310' Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)

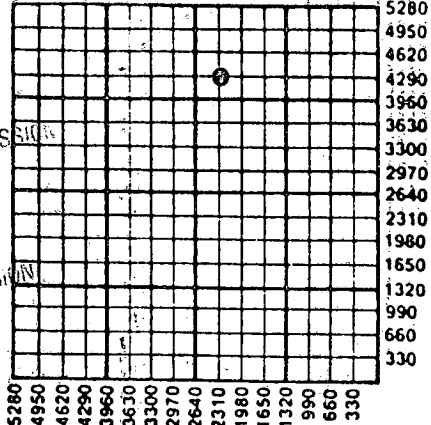
Lease Name Edson "B" Well # 3

Field Name Greenwich

Producing Formation Mississippian

Elevation: Ground 1342' KB 1346'

Total Depth 3284' PBTD



Amount of Surface Pipe Set and Cemented at 204.71 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.

Operator: License # 30178

Name: Ohaebosim Medical Clinic, Inc.

Address 2810 East 21st

Wichita, KS 67214

City/State/Zip

Purchaser: Koch

Operator Contact Person: Henry Wofford

Phone (316) 262-1296

Contractor: Name: Red Tiger Drilling Co.,

License: 5302

Wellsite Geologist: William G. Hart

Designate Type of Completion

New Well Re-Entry Workover

Oil SWD Temp. Abd.

Gas Inj Delayed Comp.

Dry Other (Core, Water Supply, etc.)

If OMAO: old well info as follows:

Operator: N/A

Well Name: _____

Comp. Date _____ Old Total Depth _____

Drilling Method:

Mud Rotary Air Rotary Cable

12/1/89 12/8/89 1/3/90

Spud Date Date Reached TD Completion Date

RECEIVED
STATE CORPORATION COMMISSION
APR 17 1990
4-17-90
CONSERVATION DIVISION
Wichita, Kansas

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 Henry Wofford

Title Production Supt. Date 3/1 1990

Subscribed and sworn to before me this 3rd day of March 1990.

Notary Public Margaret Mitchell Davis

Notary Commission Expires April 14, 1990
Margaret Mitchell Davis
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 4-14-90

K.C.C. OFFICE USE ONLY
 Letter of Confidentiality Attached
 Wireline Log Received
 Drillers Timelog Received
Distribution
 KCC SWD/Rep NGPA
 KGS Plug Other
(Specify)

SIDE TWO

Operator Name Ohaebosim Med. Clinic, Inc. Lease Name Edson "B" Well # 3

Sec. 12 Twp. 26S Rge. 2
 East
 West

County Sedgwick

RELEASED

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.

JUL 24 1991

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

Name	Top	Bottom
Lansing	2136	
Kansas City	2347	
Mississippian	2798	
Kinderhook	3077	
Hunton	3147	
Simpson	3191	
Arbuckle	3281	

CASING RECORD

New 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	12 1/2"	8 5/8"	24#	206'	Common	150	2% CC
Production	7 7/8"	5 1/2"	14#	3284'	Stand	150	2% Gel, 10% Salt 4% CER-3

PERFORATION RECORD

Acid, Fracture, Shot, Cement Squeeze Record
(Amount and Kind of Material Used) Depth

Shots Per Foot	Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
5	2821-2826	230 gals 15% MudAcid	2821-26

PIPE RECORD

Size 2 1/2" Set At 2826' Packer At

Liner Run Yes No

Date of First Production Feb 9, 1990 Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours
Oil 18 Bbls. BOPD Gas Mcf Water 230 Bbls. BWPD Gas-Oil Ratio Gravity 38°

Disposition of Gas:

METHOD OF COMPLETION

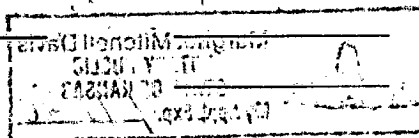
Production Interval

Vented Sold Used on Lease (If vented, submit ACO-18.)
 Open Hole Perforation Dually Completed Commingled
 Other (Specify)

CONFIDENTIAL

CONFIDENTIAL

ORIGINAL



ORIGINAL

P.O. BOX 951046
DALLAS, TX 75395-1046

HALLIBURTON SERVICES

ORIGINAL

INVOICE

A Halliburton Company

INVOICE NO	DATE
835244	12/08/1989

WELL/LEASE NO./PLANT NAME		WELL/PLANT LOCATION		STATE	WELL/PLANT OWNER
EDSON 1		SEDGWICK		KS	SAME
SERVICE LOCATION		CONTRACTOR	JOB PURPOSE		TICKET DATE
ELDORADO		RED TIGER #1	CEMENT PRODUCTION CASING		12/08/1989
ACCT. NO.	CUSTOMER AGENT	VENDOR NO.	CUSTOMER P.O. NUMBER	SHIPPED VIA	FILE NO.
643565	HENRY WOFFORD			COMPANY TRUCK	87094

*PD BY CK# 506

\$2,870.00*

RELEASED

DIRECT CORRESPONDENCE TO:

OHAEBOSIM MEDICAL CLINIC
2810 E. 21ST ST
WICHITA, KS 67214

SUITE 600
COLORADO DERBY BUILDING
WICHITA, KS 67202-0000

JUL 24 1990

FROM CONFIDENTIAL

PRICE REF. NO.	DESCRIPTION	QUANTITY	U/M	UNIT PRICE	AMOUNT
PRICING AREA - MID CONTINENT					
000-117	MILEAGE	20	MI	2.20	44.00
		1	UNT		
001-016	CEMENTING CASING	3300	FT	968.00	968.00
		1	UNT		
40	CENTRALIZER 5-1/2" MODEL S-4	7	EA	44.00	308.00 *
807.93022					
12A	GUIDE SHOE - 5 1/2" 8RD THD.	1	EA	104.00	104.00 *
825.205					
24A	INSERT FLOAT VALVE - 5 1/2" 8RD	1	EA	83.00	83.00 *
815.19251					
27	FILL-UP UNIT 5 1/2"-6 5/8"	1	EA	30.00	30.00 *
815.19315					
030-016	CEMENTING PLUG 5W ALUM TOP	5.5	IN	46.00	46.00 *
		1	EA		
130-013	MILEAGE	100	MI	1.20	120.00
		1	EA		
504-308	STANDARD CEMENT	190	SK	5.30	1,007.00 *
507-277	HALLIBURTON-GEL BENTONITE	4	SK	13.00	52.00
507-153	CFR-3	71	LB	3.80	269.80 *
509-968	SALT	1050	LB	.08	84.00
509-968	SALT	400	LB	.08	32.00
018-317	SUPER FLUSH	6	SK	72.00	432.00
500-207	BULK SERVICE CHARGE	205	CFT	.95	194.75 *
500-306	MILEAGE CMTG MAT-DEL OR RETURN	197.81	TMI	.70	138.47 *
INVOICE SUBTOTAL					3,913.02
DISCOUNT - (BID)					1,126.03
INVOICE BID AMOUNT					2,786.99
*- KANSAS STATE SALES TAX					67.19
***** CONTINUED ON NEXT PAGE *****					

RECEIVED
STATE CORPORATION COMMISSION
APR 17 1990
CONSERVATION DIVISION
Wichita, Kansas

TERMS INVOICES PAYABLE NET BY THE 20TH OF THE FOLLOWING MONTH AFTER DATE OF INVOICE UPON CUSTOMER'S DEFAULT IN PAYMENT OF CUS-OW P.O. ACCOUNT BY THE LAST DAY OF THE MONTH FOLLOWING THE MONTH IN WHICH THE INVOICE IS DATED. CUSTOMER AGREES TO PAY INTEREST THEREON AFTER DEFAULT AT THE HIGHEST LEGAL CONTRACT RATE APPLICABLE BUT NEVER TO EXCEED 18% PER ANNUM IN THE EVENT IT BECOMES NECESSARY TO EMPLOY AN ATTORNEY TO ENFORCE COLLECTION OF SAID ACCOUNT. CUSTOMER AGREES TO PAY ALL COLLECTION COSTS AND ATTORNEY FEES IN THE AMOUNT OF 20% OF THE AMOUNT OF THE UNPAID ACCOUNT.

*** CASH JOB ***

ORIGINAL



P.O. BOX 951046
DALLAS, TX 75395-1046

INVOICE

HALLIBURTON SERVICES

ORIGINAL

A Halliburton Company

INVOICE NO	DATE
835244	12/08/1989

WELL LEASE NO / PLANT NAME	WELL / PLANT LOCATION	STATE	WELL / PLANT OWNER		
EDSON 1	SEDGWICK	KS	SAME		
SERVICE LOCATION	CONTRACTOR	JOB PURPOSE	TICKET DATE		
ELDORADO	RED TIGER #1	CEMENT PRODUCTION CASING	12/08/1989		
ACCT. NO.	CUSTOMER AGENT	VENDOR NO.	CUSTOMER P.O. NUMBER	SHIPPED VIA	FILE NO.
643565	HENRY WOFFORD			COMPANY TRUCK	87094

*PD BY CK# 506

\$2,870.00*

OHAEBOSIM MEDICAL CLINIC
2810 E. 21ST ST
WICHITA, KS 67214

DIRECT CORRESPONDENCE TO:
SUITE 600
COLORADO DERBY BUILDING
WICHITA, KS 67202-0000

PRICE REF. NO.	DESCRIPTION	QUANTITY	U/M	UNIT PRICE	AMOUNT
	* - EL DORADO CITY SALES TAX				15.82
<p>PAID DEC 18 1989 HALLIBURTON SERVICES Per <u>CR202017</u></p> <p>RECEIVED STATE CORPORATIVE COMMISSION APR 17 1990 CONSERVATION DIVISION Wichita, Kansas</p>					
INVOICE TOTAL - PLEASE PAY THIS AMOUNT					\$2,870.00

TERMS: INVOICES PAYABLE NET BY THE 20TH OF THE FOLLOWING MONTH AFTER DATE OF INVOICE. UPON CUSTOMER'S DEFAULT IN PAYMENT OF CUSTOMER'S ACCOUNT BY THE LAST DAY OF THE MONTH, FOLLOWING THE MONTH IN WHICH THE INVOICE IS DATED, CUSTOMER AGREES TO PAY INTEREST THEREON AFTER DEFAULT AT THE HIGHEST LAWFUL CONTRACT RATE APPLICABLE BUT NEVER TO EXCEED 18% PER ANNUM IN THE EVENT IT BECOMES NECESSARY TO EMPLOY AN ATTORNEY TO ENFORCE COLLECTION OF SAID ACCOUNT, CUSTOMER AGREES TO PAY ALL COLLECTION COSTS AND ATTORNEY FEES IN THE AMOUNT OF 20% OF THE AMOUNT OF THE UNPAID ACCOUNT.

*** CASH JOB ***

ORIGINAL

P.O. BOX 951046
DALLAS, TX 75395-1046

HALLIBURTON SERVICES

ORIGINAL

INVOICE

A Halliburton Company

INVOICE NO	DATE
835309	12/01/1989

WELL LEASE NO / PLANT NAME	WELL / PLANT LOCATION	STATE	WELL / PLANT OWNER
EDSON B #3	SEDGWICK	KS	SAME
SERVICE LOCATION	CONTRACTOR	JOB PURPOSE	TICKET DATE
CPHERSON	RED TIGER	CEMENT SURFACE CASING	12/01/1989
ACCT NO	CUSTOMER AGENT	VENDOR NO	CUSTOMER P.O. NUMBER
43565	HENRY WOFFORD		
		SHIPPED VIA	FILE NO
		COMPANY TRUCK	86694

PD BY CK# 501 \$1,200.00

OHAEBOSIM MEDICAL CLINIC
2810 E. 21ST ST
WICHITA, KS 67214

DIRECT CORRESPONDENCE TO:
SUITE 600
COLORADO DERBY BUILDING
WICHITA, KS 67202-0000

PRICE REF NO	DESCRIPTION	QUANTITY	U/M	UNIT PRICE	AMOUNT
000-117	RICING AREA - MID CONTINENT MILEAGE	20	MI	2.20	44.00
001-016	CEMENTING CASING	215	FT	395.00	395.00
030-503	CMTG PLUG LA-11, CP-1, CP-3, TOP	1	UNT		
504-308	STANDARD CEMENT	150	SK	5.30	795.00
507-210	FLOCELE	38	LB	1.21	45.98
509-406	ANHYDROUS CALCIUM CHLORIDE	4	SK	25.75	103.00
500-207	BULK SERVICE CHARGE	158	CFT	.95	150.10
500-306	MILEAGE CMTG MAT DEL OR RETURN	144.58	TMI	.70	101.21
INVOICE SUBTOTAL					1,692.29
DISCOUNT - (BID)					535.15
INVOICE BID AMOUNT					1,157.14
*- KANSAS STATE SALES TAX					34.70
*- MC PHERSON COUNTY SALES TAX					8.16
INVOICE TOTAL - PLEASE PAY THIS AMOUNT					\$1,200.00

PAID
DEC 8 1989
HALLIBURTON SERVICES
Per CR 132059

TERMS: INVOICES PAYABLE NET BY THE 20TH OF THE FOLLOWING MONTH AFTER DATE OF INVOICE UPON CUSTOMER'S DEFAULT IN PAYMENT OF CUSTOMER'S ACCOUNT BY THE LAST DAY OF THE MONTH FOLLOWING THE MONTH IN WHICH THE INVOICE IS DATED. CUSTOMER AGREES TO PAY INTEREST THEREON AFTER DEFAULT AT THE HIGHEST LAWFUL CONTRACT RATE APPLICABLE BUT NEVER TO EXCEED 18% PER ANNUM IN THE EVENT IT BECOMES NECESSARY TO EMPLOY AN ATTORNEY TO ENFORCE COLLECTION OF SAID ACCOUNT. CUSTOMER AGREES TO PAY ALL COLLECTION COSTS AND ATTORNEY FEES IN THE AMOUNT OF 20% OF THE AMOUNT OF THE UNPAID ACCOUNT.

*** CASH JOB ***