

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--208860000 **ORIGINAL**

County Sedgwick

N - W/2 NE - NE Sec 12 Twp. 26S Rge. 22 <sup>X</sup> <sub>E</sub> <sub>W</sub>

645 Feet from S (circle one) Line of Section

990 Feet from W (circle one) Line of Section

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

Lease Name Edson "B" Well # 4

Field Name Greenwich

Producing Formation Miss

Elevation: Ground 1334 KB 1341

Total Depth 2846 PBDT \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at 210" w/120sx6  
Sun cementing ticket # 5023

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.

Drilling Fluid Management Plan D&A JH 12-13-96 Att 1  
(Data must be collected from the Reserve Pit)

Chloride content 2600 ppm Fluid volume \_\_\_\_\_ bbls

Dewatering method used Sun and Air

Location of fluid disposal if hauled offsite: \_\_\_\_\_

Operator Name \_\_\_\_\_

Lease Name \_\_\_\_\_ License No. \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S Rng. \_\_\_\_\_ E/W \_\_\_\_\_  
County \_\_\_\_\_ Docket No. \_\_\_\_\_

Operator: License # 30178

Name: Ohaebosim Medical Clinic

Address 2810 E. 21st Street

Wichita, KS

City/State/Zip 67214

Purchaser: Koch

Operator Contact Person: Henry Wofford

Phone ( 316 ) 262-1296

Contractor: Name: Jay McKenzie

License: 31617

Wellsite Geologist: Joe M. Baker

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  PBDT  
 Commingled  Docket No. \_\_\_\_\_  
 Dual Completion  Docket No. \_\_\_\_\_  
 Other (SWD or Inj?)  Docket No. \_\_\_\_\_

12-22-95 12-30-95 12-31-95  
Spud Date Date Reached TD Completion Date

**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 Production Supt. Date 3-25-96

Subscribed and sworn to before me this 25th day of March  
19 96

Notary Public [Signature]

Date Commission Expires Feb. 2, 1997

**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)

**EVELYN P. HORTON**  
Notary Public - State of Kansas  
My Appt. Expires Feb. 2, 1997

Operator Name Ohaebosim Medical Clinic

Lease Name Edson "B" Well # 4

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

County Sedgwick

**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.)

List All E.Logs Run:

Log Formation (Top), Depth and Datums  Sample

Name	Top	Datum
Kansas City	2343	-1109
BKC	2513	-1172
Altamont	2572	-1231
Cherokee SH	2762	-1421
Mississippian	2787	-1446
Miss. Chert	2836	-1495

DST # 12821-2846

15-30-8-1st open: Weak Blow Died 8min  
 22No openNo blow. Rec: 5' Mud no shows  
 1f/ff35-35/35-35/1SFS 487/487 1HFF15811504

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
Surface	12 1/4"	8 5/8"	21 lbs.	210'	Common	120	3% c.c.

Temp: 100 Degrees

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		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)	Depth

TUBING RECORD		Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj.	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 <u>N/A</u> Bbls.	Gas <u>N/A</u> Mcf	Water <u>N/A</u> Bbls.	Gas-Oil Ratio	Gravity

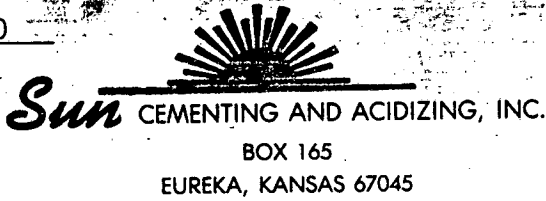
Disposition of Gas:  Vented  Sold  Used on Lease  
 (If vented, submit ACO-18.)

METHOD OF COMPLETION

Open Hole  Perf.  Dually Comp.  Commingled  
 Other (Specify) \_\_\_\_\_

Production Interval

INVOICE NO. 5030



ORIGINAL

FOR CUSTOMER USE ONLY

DATE 12-31-95

Charge To  
Ohaebosim Medical Clinic  
2810 East 21st  
Wichita, Ks. 67214

Register No.	Voucher No.
Terms Approved	Price Approved
Calculations Checked	
Adjustments	
Accounting Distribution	
Audited	Final Approval

Your Order No. \_\_\_\_\_  
Requisition No. \_\_\_\_\_  
Owner Ohaebasim Medical Clinic, Inc.  
Contractor JMar Drilling

Well No. B-4 Depth 260 Farm Edson Size Casing 8 5/8 County Sedgwick Sec. 12 Twp. 26 Rge. 2e

All Accounts Will Bear 18% Interest After ~~30~~ Days.

EQUIPMENT CHARGE Plug to abandon 375.00

EQUIPMENT CHARGE Pump truck mileage 31.50

Bulk Cement	Sacks @ _____	\$	387.00
Lite Wate Cement	Sacks @ _____		
Pozmix	90 Sacks @ 4.30		
Salt	Pounds @ _____		
Cal. Cl.	Pounds @ _____		
Amon. Cl.	Pounds @ _____		
Gel	150 Pounds @ 8.54		
Chip Plug	Pounds @ _____		
Sun FR	Pounds @ _____		
Hulls	Pounds @ _____		
Flocele	Pounds @ _____		

Plugs ..... Size ..... @ \_\_\_\_\_

Handling & Dumping 90 sks. .... Cu. Ft. @ 50 45.00  
Hauling . 3.86 Tons 15. .... Mileage @ 70 40.53

Subtotal \$ 891.84

Sales Tax 28.64

Invoice Total \$ 920.48

When Remitting Please Give Our Invoice Number