

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

Operator: License # 30178
Name: OHAEBOSIM Medical Clinic
Address 2810 E. 21st
Wichita,
City/State/Zip Kansas 67214
Purchaser: Koch
Operator Contact Person: Henry Wofford
Phone (316) 262-1296
Contractor: Name: Glaves Drilling Co., Inc.
License: 30864

Wellsite Geologist: Joe Baker
Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Reentry: Old Well Info as follows:
Operator: _____
Well Name: _____
Comp. Date _____ Old Total Depth _____
 Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBTD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____
2-4-97 2-9-97 3-6-97
Spud Date Date Reached TD Completion Date

API NO. 15- 173-208980000
County Sedgwick
SE - NE - NE- Sec. 12 Twp. 26S Rge. 2 E W
990 Feet from S (circle one) Line of Section
370 Feet from E (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE, SE, NW or SW (circle one)
Lease Name EDSON Well # 5
Field Name BUTWICK
Producing Formation MISSISSIPPIAN
Elevation: Ground 1334' KB 1339'
Total Depth 2869' PBTD _____
Amount of Surface Pipe Set and Cemented at 210' 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.
Drilling Fluid Management Plan Att. 1, 1-28-98 UC.
(Data must be collected from the Reserve Pit)
Chloride content 2,200 ppm Fluid volume _____ bbls
Dewatering method used AIR
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 Henry L. Wofford
Title Production Supt. Date 9-15-97
Subscribed and sworn to before me this 7 day of MAY,
19 97
Notary Public David Bohanan
Date Commission Expires 9-15-98

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)

DAVID BOHANAN
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 9/15/98

Operator Name OHAEBOSIM Medical Clinic

Lease Name EDSON

Well # 5

Sec. 12 Twp. 26 S Rge. 2 E

East

County SEDGWICK

West

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.)

Log Formation (Top), Depth and Datums Sample

Enclosed copy of drill stem report

Samples Sent to Geological Survey Yes No

Name	Top	Datum	Datum
Kansas City	2340	-1001	2343
BKC	2503	-1164	2505
Cherokee SH	2756	-1417	2557
Mississippian	2782	-1443	2783
Miss. CHT	2809	-1470	2809

Cores Taken Yes No

Electric Log Run Yes No
(Submit Copy.)

List All E.Logs Run:

~~Neutron/Density~~
Porosity log
Dual induction log

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 1/4"	8 5/8"	24 #	211'	Class-A	140SX	5 SX CC
"	7 7/8"	5 1/2"	17 #	2870'	Class-A	125SX	3 SX JEL

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
	2 7/8"			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumed Production, SWD or Inj.	Producing Method
3-27-97	<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.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	30 Bbls.		X 60		36

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: MISS-2805 to 9

*Free
How*

RECEIVED
KANSAS CORP COMM
1997 MAY 13 P 12:49

ORIGINAL

WICKS NO. 1113
FIELD TICKET NO. 3150
DATE 2/10/97

**UNITED CEMENTING
& ACID CO., INC.**

(316) 321-6880

REMIT TO:
BOX 712
EL DORADO, KANSAS 67042

Chasbosin Medical Clinic
2810 E. 21st
Wichita, KS 67214

FULLY INSURED

DATE OF JOB	COUNTY	STATE	LEASE	WELL NO.
2/4/97	Sedgwick	KS	Edson	
SIZE OF CASING	DEPTH OF WELL	DEPTH OF JOB	PLUG DEPTH	PRESSURE
8 5/8	211	210	190	
Surface pipe 1 unit 140 sx class-A cement @ 5.35 5 sx chloride @ 24.00 145 sx handling @ .34 13 bulk truck miles @ 7.25 x .62 x .18 1- 8 5/8 top woodenplug				375.00 749.00* 120.00* 101.80* 82.09* 39.00*
PAID BY CK=725				
SALES TAX \$				65.54*
TOTAL \$				1,552.43

TERMS: NET 30 DAYS FROM INVOICE DATE
PLEASE PAY FROM THIS INVOICE

RCC

RECEIVED
KANSAS CORP COMM

1997 MAY 13 P 12:49

ORIGINAL

UNITED CEMENTING & ACID CO., INC.

REMIT TO
BOX 712
EL DORADO, KANSAS 67042

INVOICE NO. 1138

FIELD TICKET NO. 4934

DATE 2/19/97

(316) 321-4680

Ohaebosim Medical Clinic
2810 E. 21st
Wichita, KS 67214

FULLY INSURED

P.O. #

DATE OF JOB	COUNTY	STATE	LEASE	WELL NO.
2/10/97	Sedgwick	KS	Edson B	5
SIZE OF CASING	DEPTH OF WELL	DEPTH OF JOB	PLUG DEPTH	PRESSURE
5 1/2	2870	2867	2857	800#
Production string 1 unit 125 sx class-A cement @ 5.35 3 sx gel @ 8.25 128 sx handling @ .84 18 bulk truck miles @ (6.5 x .62 x 18) 1- 5 1/2 top rubber plug 1- 5 1/2 guide shoe 1- 5 1/2 AFU insert valve 3- 5 1/2 centralizers @ 30.00 1- 5 1/2 shoe joint 5 1/2 x 11' @ 3.25 1- 5 1/2 x 8 5/8 casing head paid by CK729				760.10 668.75* 24.75* 107.52* 72.54* 50.00* 87.50* 110.00* 90.00* 35.75* 150.00*
SALES TAX				\$ 82.41*
TOTAL				\$ 2,239.32

TERMS: NET 30 DAYS FROM INVOICE DATE
PLEASE PAY FROM THIS INVOICE

Ricketts Testing, Inc.

Company OHAEBOSIN MEDICAL CLINIC Lease & Well No. EDSON B

Elevation 1334 G.L. Formation HUNTON MISS Effective Pay _____ ft. Ticket No. 1850

Date 2-9-97 Sec. 12 Twp. 26 Range 2E County SEDGWICK State KANSAS

Test Approved by JOE BAKER Ricketts Representative JIM RICKETTS

Formation Test No. 1 Interval Tested from 2805 ft. to 2845 ft. Total Depth 2845 ft.

Packer Depth 2805 ft. Size 6 3/4 in. Packer Depth _____ ft. Size _____ in.

Packer Depth 2802 ft. Size 6 3/4 in. Packer Depth _____ ft. Size _____ in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 2810 ft. Recorder Number 13307 Cap. 4650

Bottom Recorder Depth (Outside) 2813 ft. Recorder Number 13306 Cap. 4625

Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____

Drilling Contractor Glaves Drilling Rig #2 Drill Collar Length 180 I.D. 2.25 in.

Mud Type Chemical Viscosity 41 Weight Pipe Length _____ I.D. _____ in.

Weight 9.7 Water Loss 10.4 cc. Drill Pipe Length 2605 I.D. 3.25 in.

Chlorides 2,200 P.P.M. Test Tool Length 20 ft. Tool Size 5 1/2 in.

Jars: Make _____ Serial Number _____ Anchor Length 40 ft. Size 5 1/2 in.

Did Well Flow? No Reversed Out No Surface Choke Size 3/4 in. Bottom Choke Size 3/4 in.

Gravity Oil _____ Main Hole Size 7 7/8 in. Tool Joint Size 4 1/2 FH in.

Blow: Strong blow 1 minute Initial Flow Period.

Strong blow 7 minutes Final Flow Period.

Recovered	<u>320</u> ft. of	<u>Gas in pipe.</u>
Recovered	<u>40</u> ft. of	<u>Mud & Gas cut oil. 40% Oil 30% Gas 30% Mud</u>
Recovered	<u>420</u> ft. of	<u>Heavy oil cut mud & water. 23% Oil 20% Gas 17% Mud 40% Water</u>
Recovered	<u>60</u> ft. of	<u>Oil cut water. 5% Oil 20% Gas 15% Mud 60% Water</u>
Recovered	<u>600</u> ft. of	<u>Salt water.</u>

Remarks: DST Fluid Chlorides 70,000 PPM

Time Set Packer (s) 10:32 A M. Time Started Off Bottom 1:02 P.M. Maximum Temperature 106°

Initial Hydrostatic Pressure	(A)	<u>1445</u>	P.S.I.
Initial Flow Period	(B)	<u>295</u>	P.S.I. to
	(C)	<u>523</u>	P.S.I.
Initial Closed In Period	(D)	<u>523</u>	P.S.I.
	(E)	<u>523</u>	P.S.I. to
Final Flow Period	(F)	<u>523</u>	P.S.I.
	(G)	<u>523</u>	P.S.I.
Final Closed In Period	(H)	<u>1427</u>	P.S.I.

RICKETTS TESTING, INC.

Pressure Data

Date 2-9-97 Test Ticket No. 1850
 Recorder No. 13307 Capacity 4650 Location 2810 Ft.
 Clock No. _____ Elevation _____ 1334 G.L. Well Temperature 106 °F

Point	Pressure		Time Given	Time Computed
A Initial Hydrostatic Mud	<u>1445</u> P.S.I.	Open Tool	<u>10:32</u> A M	
B First Initial Flow Pressure	<u>295</u> P.S.I.	First Flow Pressure	<u>30</u> Mins.	<u>30</u> Mins.
C First Final Flow Pressure	<u>523</u> P.S.I.	Initial Closed-in Pressure	<u>30</u> Mins.	<u>30</u> Mins.
D Initial Closed-in Pressure	<u>523</u> P.S.I.	Second Flow Pressure	<u>30</u> Mins.	<u>30</u> Mins.
E Second Initial Flow Pressure	<u>523</u> P.S.I.	Final Closed-in Pressure	<u>30</u> Mins.	<u>30</u> Mins.
F Second Final Flow Pressure	<u>523</u> P.S.I.			
G Final Closed-in Pressure	<u>523</u> P.S.I.			
H Final Hydrostatic Mud	<u>1427</u> P.S.I.			

PRESSURE BREAKDOWN

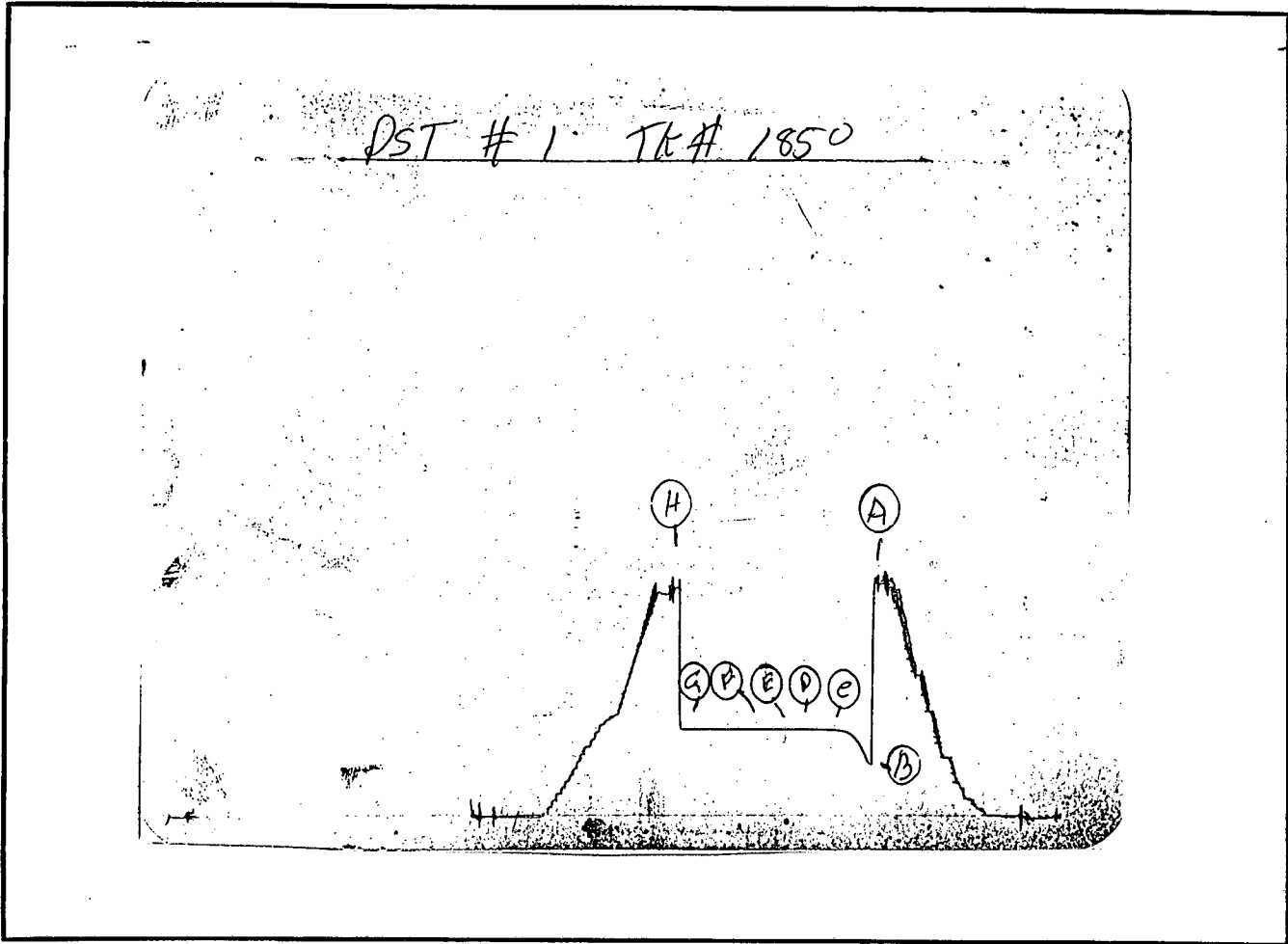
First Flow Pressure
 Breakdown: 6 Inc.
 of 5 mins. and a
 final inc. of _____ Min.

Initial Shut-In
 Breakdown: 10 Inc.
 of 3 mins. and a
 final inc. of _____ Min.

Second Flow Pressure
 Breakdown: 6 Inc.
 of 5 mins. and a
 final inc. of _____ Min.

Final Shut-In
 Breakdown: 20 Inc.
 of 3 mins. and a
 final inc. of _____ Min.

Point Mins.	First Flow Pressure		Initial Shut-In		Second Flow Pressure		Final Shut-In	
	Point Minutes	Press.	Point Minutes	Press.	Point Minutes	Press.	Point Minutes	Press.
P 1	0	295	0	523	0	523	0	523
P 2	5	317	3	523	5	523	3	523
P 3	10	411	6	523	10	523	6	523
P 4	15	471	9	523	15	523	9	523
P 5	20	504	12	523	20	523	12	523
P 6	25	516	15	523	25	523	15	523
P 7	30	523	18	523	30	523	18	523
P 8	35		21	523	35		21	523
P 9	40		24	523	40		24	523
P10	45		27	523	45		27	523
P11	50		30	523	50		30	523
P12	55		33		55		33	523
P13	60		36		60		36	523
P14	65		39		65		39	523
P15	70		42		70		42	523
P16	75		45		75		45	523
P17	80		48		80		48	523
P18	85		51		85		51	523
P19	90		54		90		54	523
P20	95		57				57	523
			60				60	523



This is an actual photograph of recorder chart.

POINT	PRESSURE		
	Field Reading	Office Reading	
(A) Initial Hydrostatic Mud	1439	1445	PSI
(B) First Initial Flow Pressure	305	295	PSI
(C) First Final Flow Pressure	524	523	PSI
(D) Initial Closed-in Pressure	524	523	PSI
(E) Second Initial Flow Pressure	524	523	PSI
(F) Second Final Flow Pressure	524	523	PSI
(G) Final Closed-in Pressure	524	523	PSI
(H) Final Hydrostatic Mud	1417	1427	PSI