

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 # 30282
Name: Lobo Production, Inc.
Address: 6715 Road 22
City/State/Zip: Goodland, KS 67735
Purchaser: Oneok
Operator Contact Person: John Sanders
Phone: (785) 899-5684
Contractor: Name: Schall Drilling # 32746
License: Stewart Bros. Drilling #32765
Wellsite Geologist: NONE
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/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. _____
11/29/00 1/13/01 1/13/01
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 181-20311-0000
County: Sherman
SW-NE-NW Sec. 4 Twp. 8 S. R. 39 East West
990 feet from S / (N) (circle one) Line of Section
1620 feet from E / (W) (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE (NW) SW
Lease Name: Koller Well #: 3-4
Field Name: Goodland Gas Field
Producing Formation: Niobrara
Elevation: Ground: 3642.4 Kelly Bushing: _____
Total Depth: 1146 Plug Back Total Depth: 1117
Amount of Surface Pipe Set and Cemented at 354 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.

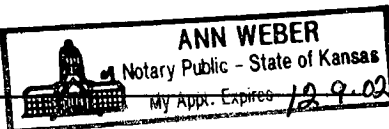
Drilling Fluid Management Plan ALT 1 gfk 10/11/01
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used _____
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

RECEIVED
STATE CORPORATION COMMISSION
MAR 28 2001
KANSAS

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: Carl K. Sanders
Title: Corp Sec Date: 3-13-01
Subscribed and sworn to before me this 13th day of March, 2001
Notary Public: Ann Weber
Date Commission Expires: 12.9.02



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

Operator Name: Lobo Production, Inc. Lease Name: Koller Well #: 3-4

Sec. 4 Twp. 8 S. R. 39 East West County: Sherman

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 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:

~~Differential Temperature Log~~
Gamma Ray C.B.L.

Log Formation (Top), Depth and Datum Sample
Name Top Datum
Niobrara 956' G.L.

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	# Sacs Used	Type and Percent Additives
Surface	10"	7"	17 lbs.	354'	Common	85	2% Gel
Production	6 1/4"	4 1/2"	10.5 lbs.	1126'	Common	50	2% Gel

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
		Amount	Kind of Material Used	
0.5	956-966	50,020 lbs.	20-40 Sand	956-1012
0.5	976-986	50,560 lbs	10-20 Sand	
2	992-1012	20 tons	CO ²	

TUBING RECORD		Size	Set At	Packer At	Liner Run
					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumerd Production, SWD or Enhr. 1/19/01 Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
		60 MCF			

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 956'-966' 976'-986' 992'-1012'

Koller
3-4

ORIGINAL

DELIVERY TICKET

ST. FRANCIS SAND

No: UU00

AND

Redi-Mix

CR #617 >

P. O. Box 281 ST. FRANCIS, KS. 67756

PA 12/1/00

REDI-MIX CONCRETE
EXCAVATING

Phone
332-3123

Date 12-1-00

15-181-20311-00-00

PROJECT: _____

SOLD TO: Lester Productions

ADDRESS: _____

Time Loaded
Time Delivered
Time Released
Time Returned

It is agreed that free unloading time shall be 15 minutes for each first cubic yard and 10 minutes for each yard thereafter. A charge of \$1.00 for each 10 minutes excess time will be made.

Delivery inside curb line made only at risk of purchaser.

No damage claims considered without proof of driver negligence.

Rec'd by [Signature]

Truck No.	Driver	Quantity	Price	Amount
	<u>100</u>	<u>85 cu yd</u>	<u>7²⁵/₁₀₀</u>	<u>627 50</u>
Mix	Slump	Total Miles	Mileage	
<u>10</u>	<u>S - M - D</u>	<u>36</u>	<u>2¹⁰/₁₀₀</u>	<u>75 60</u>
Added Water Reduces Strength & durability <u>Re-charge Fee</u>				
Gals Added	Authorized By			<u>25 00</u>
				<u>738 10</u>
Cash	Charge	Sales Tax		<u>50 93</u>
		Total		<u>745 03</u>

ALLIED CEMENTING CO., INC. 5412

Federal Tax I.D. [REDACTED]

ORIGINAL
SERVICE POINT:

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

15-181-20311-00-00

Oakley

DATE <u>1-14-01</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION <u>2:15 PM</u>	JOB START <u>3:10 PM</u>	JOB FINISH <u>3:30 PM</u>
LEASE <u>Koller</u>	WELL # <u>3-4</u>	LOCATION <u>Good Land 5N 1E 1/4 E</u>			COUNTY <u>Shiordan</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)							

CONTRACTOR _____ OWNER Same

TYPE OF JOB Longstring

HOLE SIZE 6 1/4 T.D. 1112'

CASING SIZE 4 1/2 DEPTH 1112

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX 900 # MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT 18 1/2 Bbls

CEMENT AMOUNT ORDERED 50sks Com

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING _____ @ _____

MILEAGE _____

EQUIPMENT

PUMP TRUCK # 191 CEMENTER Dean

HELPER Wayne

BULK TRUCK # 315 DRIVER Andrew

BULK TRUCK # _____ DRIVER _____

TOTAL _____

REMARKS:

SERVICE

Float did Hold

Thank You

DEPTH OF JOB 1112'

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

PLUG _____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

CHARGE TO: Lobo Production

STREET _____

CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment