

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

Operator: License # 3345

Name: Leroy E. Tobias

Address HC 69 Box 42

City/State/Zip Bunker Hill, KS 67626

Purchaser: None

Operator Contact Person: Leroy E. Tobias

Phone (913) 483-5655

Contractor: Name: Shields Oil Producers, Inc.

License: 5184

Wellsite Geologist: Francis Whisler

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/Re-Entry: old well info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Deepening Re-perf. Conv. to Inj/SWD

Plug Back PBSD

Commingled Docket No. _____

Dual Completion Docket No. _____

Other (SWD or Inj?) Docket No. _____

7-10-95 7-16-95 None

Spud Date Date Reached TD Completion Date

API NO. 15- 141-20,299 ORIGINAL

County Osborne

SE - SE - SE - Sec. 28 Twp. 9 Rge. 12 X W

330 Feet from (S)N (circle one) Line of Section

330 Feet from (E)W (circle one) Line of Section

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

Lease Name Scott Well # 1

Field Name Wildcat

Producing Formation None

Elevation: Ground 1756 KB 1761

Total Depth 3330 PBSD _____

Amount of Surface Pipe Set and Cemented at 216 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set D & A Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sk cmt.

Drilling Fluid Management Plan D&A JK 10-21-96
(Data must be collected from the Reserve Pit)

Chloride content 47,000 ppm Fluid volume 375 bbls

Dewatering method used RECE Evaporation

Location of fluid disposal if hauled offsite: _____

JUL 27 1995

Operator Name _____ 7-27-95

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, 200 Colorado Derby Building, 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 Leroy E Tobias

Title OWNER Date 7-25-95

Subscribed and sworn to before me this 25th day of JULY 19 95.

Notary Public Ruth Phillips

Date Commission Expires _____



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 Leroy E. Tobias Lease Name Scott Well # 1

Sec. 28 Twp. 9 Rge. 12 East West County Osborne

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.)

Name	Formation (Top), Depth and Datum		<input checked="" type="checkbox"/> Sample
	Top	Datum	
Anhydrite	835	+ 926	
Topeka Lm	2715	- 916	
Heebner Sh	22950	-1189	
Lansing-KC	3007	-1246	
Base KC	3322	-1561	

List All E.Logs Run:

D.S.T. #1 2982-3020 Times: 30-30-30-30 Recovered
 40' SOCM 41-126-58-109
 D.S.T. #2 3052-3070 Times: 30-45-30-45 Rec. 190'
 wtr 42-46, 1141, 100-125, 1124

CASING RECORD <input checked="" 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	20	216	60/40 Poz	140	2% gel 3% Ca

ADDITIONAL CEMENTING/SQUEEZE RECORD					
Purpose:	Depth		Type of Cement	#Sacks Used	Type and Percent Additives
	Top	Bottom			
<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 checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or Inj.				Producing Method			
D&A				<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
	N/A		N/A		N/A		

Disposition of Gas: Vented Sold Under Lease (if vented, submit A)

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

Production Interval: _____

ALLIED CEMENTING CO., INC.

3296

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

SERVICE POINT:

15-141-20299-00-00

Russell

DATE <u>7-16-95</u>	SEC. <u>28</u>	TWP. <u>9</u>	RANGE <u>12</u>	CALLED OUT <u>8:30PM</u>	ON LOCATION <u>12:30AM</u>	JOB START <u>1:00AM</u>	JOB FINISH <u>2:45AM</u>
LEASE <u>SCOTT</u>	WELL # <u>1</u>	LOCATION <u>LURAY 5N 2 1/2 E 3N 3W NS.</u>			COUNTY <u>OSBORNE</u>	STATE <u>KANSAS</u>	

OLD OR NEW (Circle one)

CONTRACTOR SHIELDS DRUG. Rig #1

TYPE OF JOB ROTARY Plug

HOLE SIZE 7 7/8 T.D. 3330

CASING SIZE 8 3/8 Surface DEPTH

TUBING SIZE DEPTH

DRILL PIPE 4 1/2 1-H DEPTH 850

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG.

PERFS.

OWNER Same

CEMENT

AMOUNT ORDERED 190 SK 69% 6% GEL
3% CC

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING _____ @ _____

MILEAGE _____ @ _____

TOTAL _____

EQUIPMENT

PUMP TRUCK CEMENTER Alvin

177 HELPER Will

BULK TRUCK

155 DRIVER Paul

BULK TRUCK

DRIVER

REMARKS:

25 SK @ 850'

90 SK @ 660'

40 SK @ 260'

10 SK @ 40' + Plug

15 SK @ ROT Hole

10 SK @ MOUSE HOLE

[Handwritten signature]

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

PLUG 1-8 3/8 Dry Hole _____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

CHARGE TO: LEROY E. TOBIAS

STREET _____

CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

SIGNATURE Doug Roberts

15-141-20299-06-00

ALLIED CEMENTING CO., INC.

3291

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

ORIGINAL

SERVICE POINT

Russell

DATE <u>7-10-95</u>	SEC. <u>28</u>	TWP. <u>9 S</u>	RANGE <u>12 W</u>	CALLED OUT <u>2:00PM</u>	ON LOCATION <u>8:15PM</u>	JOB START <u>9:00AM</u>	JOB FINISH <u>9:30 PM</u>
LEASE <u>SCOTT</u>	WELL# <u>1</u>	LOCATION <u>LURAY 5 N 2 1/2 E 3 N 1/2 W 1/4 N</u>		COUNTY <u>OSBORNE</u>	STATE <u>KANSAS</u>		

OLD OR NEW (Circle one)

CONTRACTOR SHIELD'S DRILLING Rig #2

TYPE OF JOB SURFACE

HOLE SIZE 12 1/4 T.D. 215'

CASING SIZE 8 5/8 20" DEPTH 212'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 15' 13 844

PERFS. _____

OWNER Same

CEMENT

AMOUNT ORDERED 140 SK 6 3/4 2% Gel
3% cc

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING _____ @ _____

MILEAGE _____

EQUIPMENT

PUMP TRUCK CEMENTER Alan

177 HELPER Will

BULK TRUCK

155 DRIVER Jim

BULK TRUCK

_____ DRIVER _____

TOTAL _____

REMARKS:

SERVICE

Cement Circulated

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

PLUG 1-8 5/8 @ _____

_____ @ _____

_____ @ _____

TOTAL _____

CHARGE TO: LEROY E. TOBIAS

STREET _____

CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

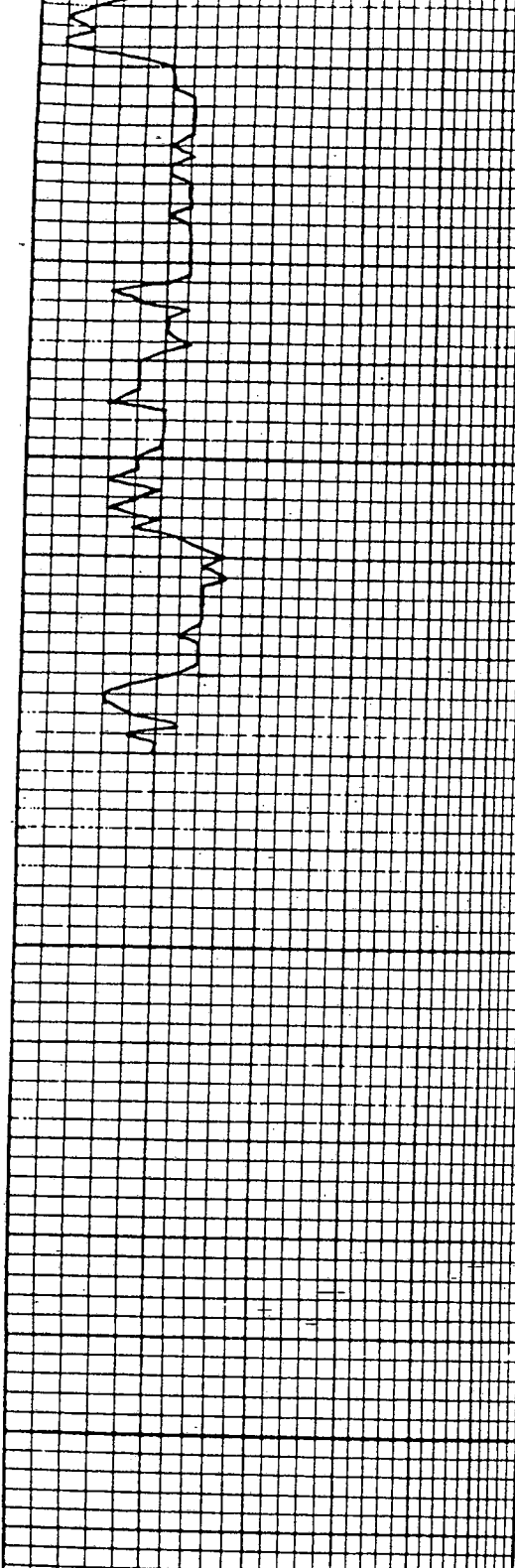
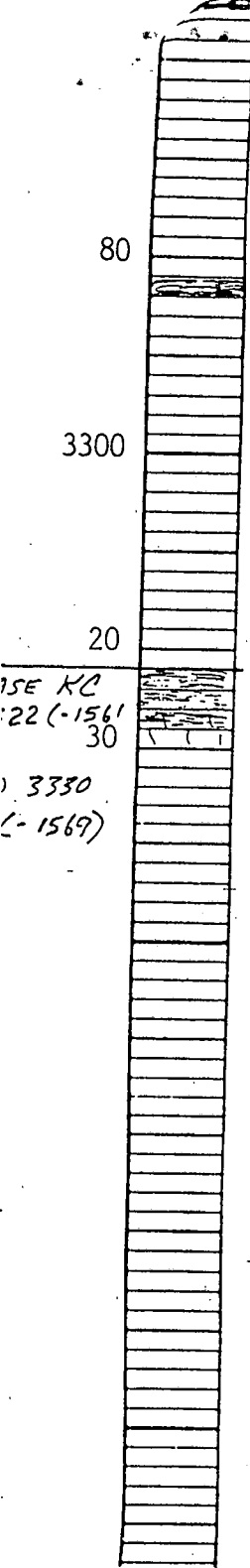
TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

SIGNATURE Burton Beery



sh-bik
LS - wht H Guy buff dns
LS - AA & some oolc
sh-bik Carb w/ Guy sh
LS - wht buff H Guy dns
LS - AA w/ bik sh
LS - more wht dns
sh-bik Guy, Guy-Grn & brn
DRILLSTEM TEST #1 2982-3020 A zone Rec. 40' VSOCM IFP: 41-41 IBHP: 726 FFP: 58-58 FBHP: 109
DRILLSTEM TEST #2 3052-70 C zone Rec. 190' water IFP: 42-66 IBHP: 1141 FFP: 100-125 FBHP: 1124