

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

Operator: License # 5172

Name: SCHULZ OIL & GAS, INC.

Address P O BOX 273

City/State/Zip CANTON KS 67428-0273

Purchaser: _____

Operator Contact Person: ROGER A. SCHULZ

Phone (316) 628-4431

Contractor: Name: MALLARD JV INC.

License: 4958

Wellsite Geologist: M. BRADFORD RINE

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. _____

12-27-00 12-31-00 1-11-01

Spud Date Date Reached TD Completion Date

API NO. 15- 159-22383-0000

County Rice

SW - SW - NW - _____ Sec. 25 Twp. 19 Rge. 6 E W

2310 Feet from $\frac{\text{N}}{\text{W}}$ (circle one) Line of Section

330 Feet from $\frac{\text{E}}{\text{W}}$ (circle one) Line of Section

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

Lease Name MATTSON ESTATE Well # 4

Field Name WELCH BORNHOLDT

Producing Formation MISSISSIPPI

Elevation: Ground 1565 (est) KB 1569

Total Depth 3366' PBDT 3365'

Amount of Surface Pipe Set and Cemented at 213 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 KGR 8/10/07
(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 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 Roger A Schulz
Title President Date 1-30-01

Subscribed and sworn to before me this 30th day of JANUARY, 2001.

Notary Public Julie Hoyer

Date Commission Expires 3-3-04

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)

JULIE HOYER
Notary Public - State of Kansas
My Appt. Expires 3-3-04

Operator Name SCHULZ OIL & GAS INC

Lease Name MATTSON ESTATE Well # 4

Sec. 25 Twp. 19 Rge. 6
 East
 West

County RICE

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 Datum Sample
 Name Top Datum
Mississippian 3313 3363

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#	213KB KS	60/40	175SX	60/40 3% CC 2% Gel
Production	7-7/8	5-1/2	114#	3365'	ASC	100SX	ASC

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
6	3326 - 3329	Acidize perms w/500 gal	
4	3336 - 3338	15% Acid	
6	3347 - 3350		
	Well to be frac - whenever weather permits		

TUBING RECORD		Size	Set At	Packer At	Liner Run			
		2-3/8	3362	None	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Date of First, Resumed Production, SWD or Inj.		Producing Method <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
		5		0		20	3-1	32°

Disposition of Gas: **METHOD OF COMPLETION** **Production Interval**
 Vented Sold Used on Lease (If vented, submit ACO-18.)
 Open Hole Perf. Dually Comp. Commingled
 Other (Specify)

