

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form AGO-1
September 1977
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 6137
Name: Donald & Jack Ensminger
Address: 1446-3000 St.
City/State/Zip: Moran, Kansas 66755
Purchaser: Crude Marketing
Operator Contact Person: Don Ensminger
Phone: (316) 496-2300 or 496-7181 Cell
Contractor: Name: Company tools
License: 6137

Wellsite Geologist: _____
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 SWD
 Plug Back _____ Plug Back Total Depth _____
 Commingled _____ Docket No. _____
 Dual Completion _____ Docket No. _____
 Other (SWD or Enhr.?) _____ Docket No. _____
10-10-00 10-12-00 10-24-00
Spud Date or Date Reached TD Completion Date or Recompletion Date

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API No. ~~48~~ 15-001-28867-0000
County: Allen
NE, NW, NE Sec. 12 Twp. 25 S. R. 19 East West
4830 feet from (S) N (circle one) Line of Section
1750 feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE (SE) NW SW
Lease Name: McFadden Well #: W-11 A
Field Name: Moran
Producing Formation: Bartlesville
Elevation: Ground: Ground Kelly Bushing: _____
Total Depth: 918 Plug Back Total Depth: 886
Amount of Surface Pipe Set and Cemented at 20' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 886
feet depth to Surface w/ 105 sx cmt.

Drilling Fluid Management Plan Alt. #2 RFR 8/9/07
_____ Do not must be collected from the Reserve Pit
Solids content 25 ppm Fluid volume 325 bbls
Filtering method used Air dry backfill & level
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

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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: Donald Ensminger
Title: Owner Date: 12-22-00
Subscribed and sworn to before me this 22nd day of December, 2000
Notary Public: Ginger L. McComas
Date Commission Expires: _____
GINGER L. MCCOMAS
Notary Public - State of Kansas
My Appt. Expires 4-11-2001

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

Operator Name: Donald & Jack Ensminger Lease Name: McFadden Well #: W-11 A
 Sec. 12 Twp. 25 S. R. 19 East West County: Allen

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, line 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:

Name	Formation (Top), Depth and Datum	
	Top	Datum
Surface	0	2
Ls with Sh streaks	2	237
Sh with Ls streaks	237	739
Oil sand	739	748
Sh	748	775
Oil sand	775	785
Sh	785	840
Oil sand	840	865
Sh	865	918

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	10 1/2"	6 5/8	18	20'	Common	5 Sx	None
Production	5 5/8	2 1/2	6.5	886'	common	105 Sx	None

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
	2	34 shots	844-863	50 gallons acid fracked	
			gelled water		

TUBING RECORD				Liner Run	
Size	Set At	Packer At		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
None					
Date of First, Resumed Production, SWD or Enhr.		Producing Method			
When approved for injection		<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
					22

Disposition of Gas Vented Sold Used on Lease (if vented, Sumit ACO-18.)

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

Production Interval

DRILLING TIME REPORT

ORIGINAL

DATE 10-10-00

A.M.
OR
P.M.

COMPANY: Ersminger Oil

COUNTY: Allen

LEASE: McFadden

TWP. 25 SEC. 12 RANGE 19

NO. W-11A

Location 4830 P South

TYPE OF INDICATOR API 15-001-28867

Location 1750 F East

WEIGHT ON DRILL PIPE _____

58T
MUD VISCOSITY NE-NW-NE

R.P.M. ROTARY TABLE _____

CONTRACTOR Company Tools

DEPTH		ACTUAL DRILLING TIME		MINUTES PER	REMARKS	BIT NO.
FROM	TO	BEGAN	ENDED			
	Soil clay	2			Set 26.5' of 6 5/8 Cemented.	
16	Lime	18				
22	Shale	40				
8	Lime	48				5 5/8 Hole
47	Shale	95				
15	Lime	110				
3	Shale	113				T.O. Hole 918'
60	Lime	173				T.O. 2 7/8 885.8
5	Shale	177				
4	Lime	181				2 7/8 Steel 892.1'
6	Shale	187				
50	Lime	237		2	Coal 638	
141	Shale	378		16	Shale 654	
4	Lime	382		14	Sand 668	
37	Shale	419		1	Lime 669	
2	Coal	421		38	Shale 707	
2	Shale	423		1	Coal 708	
16	Lime	439		14	Shale 722	
5	Shale	444		2	Lime 724	
11	Lime	455		2	Shale 726	
70	Shale	525		2	Coal 728	
2	Lime	527		10	Shale 738	
4	Shale	531		1	Lime 739	
32	Lime	563		11	Oil Sand 748	
37	Shale	600		27	Shale 775	
19	Lime	619		10	Oil Sand 785	
5	Shale	624		55	Shale 840	
1	Coal	625		8	Broken Sand 848	
2	Shale	627		17	Oil Sand 865	
7	Lime	634			Shale	
2	Shale	634				

RECORD TIME TOUR IS CHANGED UNDER REMARKS.

ACTUAL DRILLING TIME IS TIME SPENT IN DRILLING THE DEPTH. SHUT DOWN TIME IS SPENT SHUT DOWN FOR REPAIRS, ROUND TRIPS, WATER, ETC. SHOW WHEN BIT IS CHANGED AND KIND OF NEW BIT. MENTION ROUND TRIPS IN REMARKS COLUMN. FILL OUT THIS FORM FROM TOP TO BOTTOM OF HOLE.

Invoice

PAYLESS CONCRETE
 802 NORTH INDUSTRIAL ROAD
 P. O. BOX 664
 IOLA, KS 66749

ORIGINAL

Invoice Number:

5814

Invoice Date:

Oct 12, 2000

Voice: 316-365-5588

Fax: 316-365-5588

Page:

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Duplicate

Sold To:

ENSMINGER OIL
 1446 3000 ST.
 MORAN, KS 66755

Ship to:

Customer ID		Customer PO		Payment Terms	
EN001		MCFADDEN W-11A		Net 10th of Next Month	
Sales Rep ID		Shipping Method		Ship Date	Due Date
					11/10/00
Quantity	Item	Description	Unit Price	Extension	
105.00	CEM/WAT	PER BAG CEMENT AND WATER MIX	6.00	630.00	
1.00	TRUCKING #2	TRUCKING CHARGES-PER HOUR	35.00	35.00	
	CEMENT CIRCULATED TO	SURFACE			

Subtotal 665.00

Sales Tax 39.24

Total Invoice Amount 704.24

Payment Received 0.00

TOTAL 704.24

Check No: