

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form AGO-1
September 1999
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 Enhr./SWD
 Plug Back Plug Back Total Depth _____
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____

10-17-00 10-20-00 10-24-00
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. ~~15~~ 15-001-28870-0000
County: Allen
SW, NW, NE Sec. 12 Twp. 25 S. R. 19 East West
4390 feet from S / N (circle one) Line of Section
2190 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-27 A

Field Name: Moran
Producing Formation: Bartlesville

Elevation: Ground: Ground Kelly Bushing: _____
Total Depth: 916 Plug Back Total Depth: 888
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 888
feet depth to Surface w/ 110 sx cmt.

Drilling Fluid Management Plan ALT #2 KGR 8/9/07
(Data must be collected from the Reserve Pit)

Chloride Content 25 ppm Fluid volume 325 bbls
Dewatering 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.: _____

RECEIVED
KANSAS CORPORATION COMMISSION

DEC 27 2000
KANSAS CORPORATION COMMISSION

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-27 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, 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:

Name	Formation (Top), Depth and Datum	
	Top	Datum
Surface	0	7
Ls with Sh streaks	7	246
Sh with Ls streaks	246	728
Oil sand	728	745
Sh	745	771
Oil sand	771	785
Sh	785	830
Oil sand	830	858
Sh	858	916

TD

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"	8 5/8	18	20'	Common	5 Sx	None
Production	5 5/8	2 1/2	6.5	888'	common	110 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	42 shots	834-856	50 gallons acid fracked	
			gelled water		

TUBING RECORD	Size	Set At	Packer At	Liner Run
None				<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of First, Resumed Production, SWD or Enhr.: When approved for injection Producing Method Flowing Pumping Gas Lift 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 _____

Invoice

Invoice Number:

5835

Invoice Date:

Oct 20, 2000

Page:

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

ORIGINAL

Voice: 316-365-5588

Fax: 316-365-5588

Duplicate

Sold To:

ENSMINGER OIL
 1446 3000 ST.
 MORAN, KS 66755

Ship to:

Customer ID		Customer PO		Payment Terms	
EN001		MCFADDEN W-27A		Net 10th of Next Month	
Sales Rep ID		Shipping Method		Ship Date	Due Date
					11/10/00
Quantity	Item	Description	Unit Price	Extension	
110.00	CEM/WAT	PER BAG CEMENT AND WATER MIX	6.00	660.00	
1.00	TRUCKING #2	TRUCKING CHARGES-PER HOUR	35.00	35.00	
	CEMENT CIRCULATOR TO	SURFACE			

Subtotal	695.00
Sales Tax	41.01
Total Invoice Amount	736.01
Payment Received	0.00
TOTAL	736.01

Check No:

DRILLING TIME REPORT

10/17/00 ORIGINAL

COMPANY: Ensminger Oil

DATE: _____ A.M.
 OR
 P.M.

LEASE: McPadden

COUNTY: Allen

NO. W-27 A

TWP. 25 SEC. 12 RANGE. 19

TYPE OF INDICATOR: API 15-001-28,870

Location 4,390' F South

Location 2,190' F East

WEIGHT ON DRILL PIPE _____

SPOT MUD VISCOSITY: SW, 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	7			Set 20' of 8 5/8 Cemented.	
7	Lime	14				
24	Shale	38			5 5/8 Hole	
9	Lime	47				
66	Shale	103				
143	Lime	246				
15	Shale	261			T.O. Hole	916'
3	Lime	264			T.O. 2 7/8	887.8
112	Shale	376				
4	Lime	380				
65	Shale	445			768	
9	Lime	454			Shale 771	
66	Shale	520		14	Oil Sand 785	
3	Lime	523		2	Shale 787	
4	Shale	527		1	Coal 788	
34	Lime	561		42	Shale 830	
33	Shale	594		6	Broken Sand 836	
21	Lime	605		22	Oil Sand 858	
2	Shale	617		2	Shale 860	
1	Coal	618		3	Coal 863	
3	Shale	621			Shale	
6	Lime	627				
85	Shale	712				
2	Lime	714				
4	Shale	718				
2	Coal	720				
4	Shale	724				
4	SAND	728				
17	Oil Sand	745 745				
22	Shale	767				
1	Coal	768				

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.