

FORM MUST BE TYPED

SIDE ONE

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

Operator: License # 30178

Name: Ohaebosim Medical Clinic, Inc.

Address 2810 East 21st Street

City/State/Zip Wichita, Kansas 67214

Purchaser: N/A

Operator Contact Person: H. L. Wofford

Phone (316) 262-1296

Contractor: Name: Summit Drilling Company

License: 30141

Wellsite Geologist: Harold R. Trapp

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 _____ PBTB
 Commingled _____ Docket No. _____
 Dual Completion _____ Docket No. _____
 Other (SWD or Inj?) _____ Docket No. _____

3-11-94 3-19-94 Dry Hole
Spud Date Date Reached TD Completion Date

API NO. 15- 015-233930000

County Butler

NW - NW - SE - NW Sec. 7 Twp. 26S Rge. 3

1480 Feet from S (circle one) Line of Section

1475 Feet from E (circle one) Line of Section

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

Lease Name EDSON Well # 3

Field Name Greenwich

Producing Formation None

Elevation: Ground 1331' KB 1336'

Total Depth 3266 PBTB _____

Amount of Surface Pipe Set and Cemented at 206 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 DRA JH 11-9-94
(Data must be collected from the Reserve Pit)

Chloride content 2200 ppm Fluid volume 100 bbls

Dewatering method used Open Air

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, 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 [Signature]
Title Production Supt. Date 6-22-94

Subscribed and sworn to before me this 20 day of June
19 94

Notary Public [Signature]

Date Commission Expires _____

LINDA K. SHERRY
NOTARY PUBLIC
STATE OF KANSAS
My Appl. Exp. 1-2-96

RECEIVED
STATE CORPORATION COMMISSION
6-28-94
K.C.C. OFFICE USE ONLY
Number of Confidentiality Attached 0
C 7 Log Received
C 7 Geologist Report Received
Wichita, Kansas
Distribution
KCC _____ SWD/Rep _____ NGPA
KGS _____ Plug _____ Other _____
(Specify)

SIDE TWO

Operator Name Ohaebosim Medical Clinic, Inc. Lease Name Edson Well # 3
 East County Butler
 West
 Sec. 7 Twp. 265 Rge. 3

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. NOTE: All drill Stem Test info. on geologis 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.)

Log Formation (Top), Depth and Datum Sample
 Name Top Datum

SHEET ATTACHED

List All E.Logs Run:
 Dual induction
 Comp NEU/DENS, Micro.

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 1/4"	8 5/8"	12 #	214	Premium	120	2% CaCl ₂

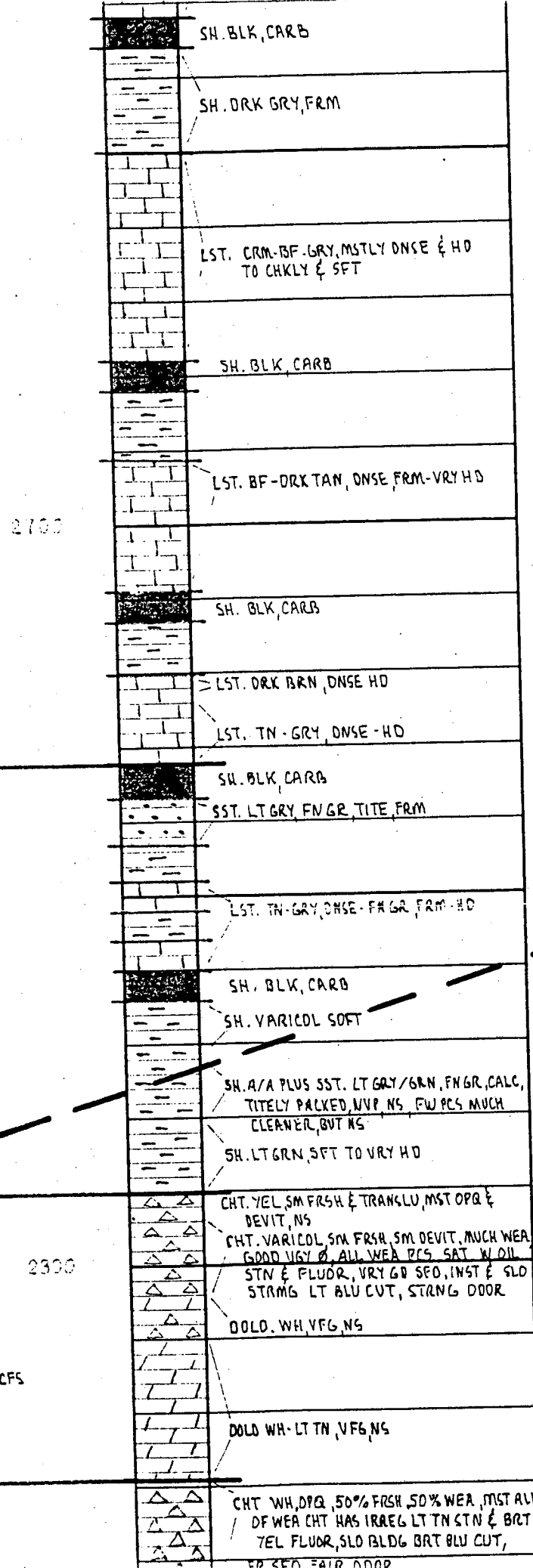
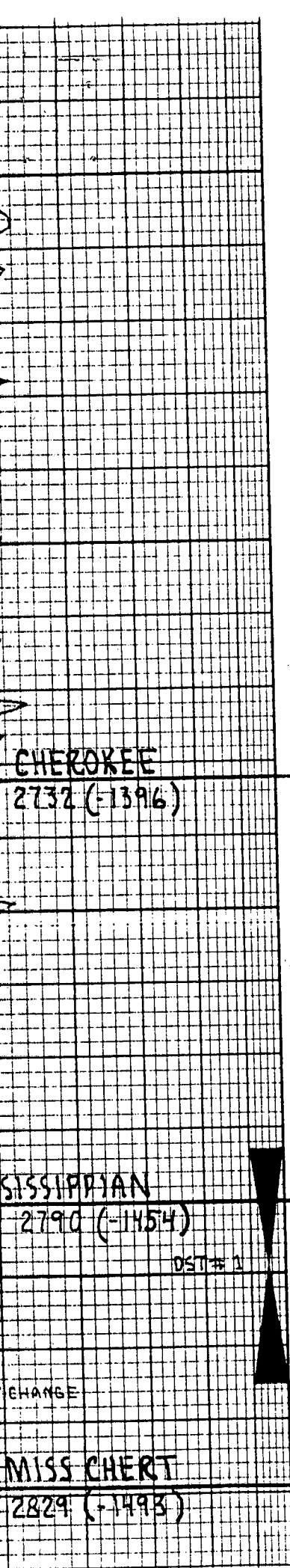
ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

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

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or Inj.	Producing Method <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

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 _____

ORIGINAL



2700

2300

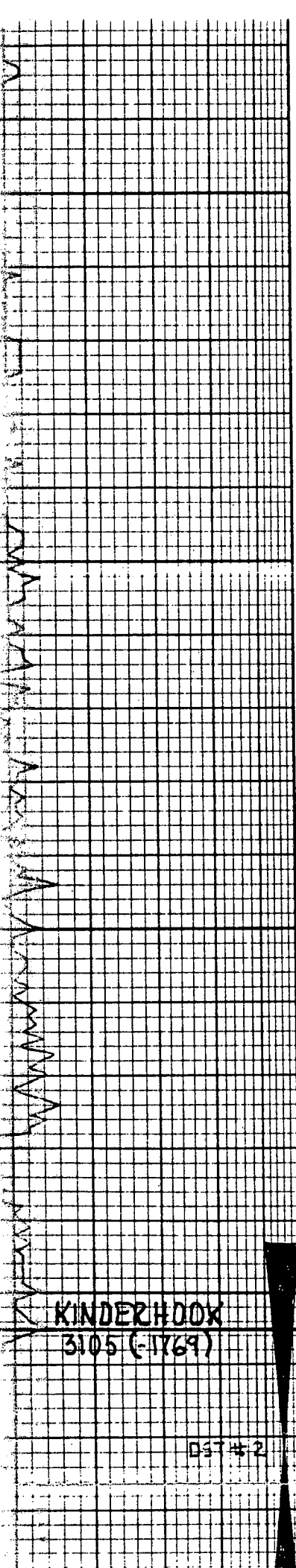
CFS

DST # 1 (2792-2815)
30-60-30-60
IF WEAK BLD INC TO 4" SLW DEC
FF NO BLD FLUSH TOOL NO HELP
FP 46-46 / 58-58 lbs
SIP 255-127 lbs
REC. 60' SOCM (1% 0.1)

GOOD SHOW OF OIL

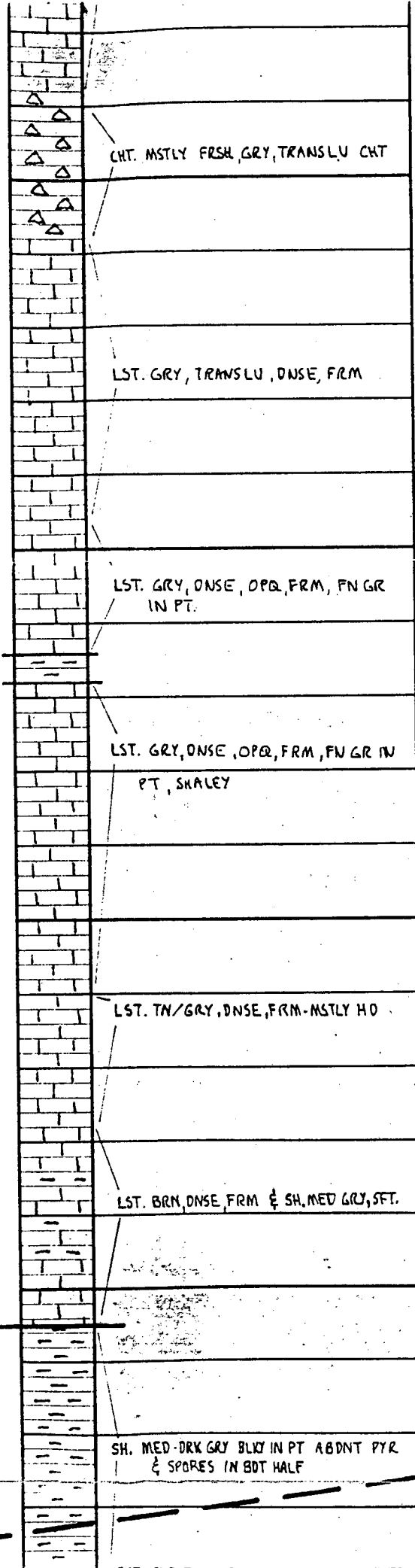
FAIR-GOOD SHOW OF OIL

FAIR-GOOD SHOW OF OIL



3000

3100



CHT. MSTLY FRSH GRY, TRANSLU CHT

LST. GRY, TRANSLU, DNSE, FRM

LST. GRY, DNSE, OPQ, FRM, FN GR IN PT.

LST. GRY, DNSE, OPQ, FRM, FN GR IN PT, SHALEY

LST. TN/GRY, DNSE, FRM - MSTLY HO

LST. BRN, DNSE, FRM & SH, MED GRY, SFT.

SH. MED-DRK GRY BLY IN PT ABDNT PYR & SPORES IN BOT HALF

DST # 2 (3093 - 3152)
 30-60-30-60
 1F STRONG BLOW
 FF STRONG BLOW
 FP 173-347 / 580-626 lbs
 SIP 1136-1136 lbs
 REC. 589' WCM (15% WTR)
 961' SALT WTR

KINDERHOOK
 3105 (-1769)

DST # 2

ORIGINAL

INVOICE NO. 4298



Paid

DATE 3-15-94

FOR CUSTOMER USE ONLY

Charge To
Summit Drilling Co.
Box 2004
Emporia, Ks. 66801

Register No.	Voucher No.
Terms Approved	Price Approved
Calculations Checked	
Adjustments	
Accounting Distribution	
Audited	Final Approval

Your Order No. Requisition No. Owner Ohaebasum Medical Clinic Contractor Summit Drilling Co.

Well No. #3 Depth 214 Farm Edson Size Casing 8 5/8 County Butler Sec. 7 Twp. 26 Rge. 3E

All Accounts Will Bear 18% Interest After 60 Days.

	AMOUNT
EQUIPMENT CHARGE Surface job	375.00
EQUIPMENT CHARGE Pump truck mileage	42.00
Bulk Cement . . . 120 . . . Sacks @ 5.15	\$ 618.00
Lite Wate Cement Sacks @	
Pozmix Sacks @	
Salt Pounds @	
Cal. Cl. 340 . . Pounds @ 28.00	
Amon. Cl. Pounds @	
Gel Pounds @	
Chip Plug Pounds @	
Sun FR Pounds @	
Hulls Pounds @	
Flocele Pounds @	

Plugs Size @

Handling & Dumping . . . 120 sks. @ .50 60.00
Hauling . 5.81 . Tons . . 20 Mileage @ .70 81.34

5% discount if paid within 30 days

Subtotal \$ 1271.54
-63.58
Sales Tax 38.76

Invoice Total \$ 1246.72

When Remitting Please Give Our Invoice Number

JUN 20 1994

CONSERVATION DIVISION
Wichita, Kansas

SUN CEMENTING AND ACIDIZING, INC.

Box 165
Eureka, Kansas 67045

Cementing Ticket
and Invoice Number

No 004312

Pch
3-25-94
#1027

Date 3-20-94	Customer Order No.	Sect. 7	Twp. 26	Range 3E	Truck Called Out 11:30 p.m.	On Location 1:30 p.m.	Job Began 2:15 a.m.	Job Completed 3:00 a.m.
Owner <i>(Ohaebosim)</i> Ohaebosim Medical Clinic		Contractor Summit Dcty.			Charge To Ohaebosim Medical Clinic			
Mailing Address 2810 E 21 st		City Wichita			State Kansas 67214			
Well No. & Form Edson #3		Place Butler			County Kansas			
Depth of Well 326'	Depth of Job 260'	Casing (New) Size 3 7/8" (Used) Weight	Size of Hole Amt. and Kind of Cement 7 1/8" 60 SKS		Cement Left in casing by		Request Necessity	
Kind of Job P.T.A.					Drillpipe		(Rotary) (Cable) Truck No. 4-21	

Price Reference No. #1
Price of Job 375.00
Second Stage
Mileage (20) 42.00
Other Charges
Total Charges 417.00

Remarks

35 SKS. plug AT 260'

25 SKS. plug AT 60' To Surface

60 SKS. Total

Cementer Bradley Butler

Helper Alan - Mike District Eureka State Kansas

The above job was done under supervision of the owner, operator, or his agent whose signature appears below.

"Thank you" *x-Dan Cox* Agent of contractor or operator

Sales Ticket for Materials Only

Quantity Sacks	BRAND AND TYPE	PRICE	TOTAL
60	SKS. 50/50 Pozmix w/2% Gch Allowed	4.23	253.80
100	lbs. Gch Additional	8.54	8.54
Plugs		60 SKS Handling & Dumping .50	30.00
		257 Tons RECEIVED .70	35.98
		STATE CORPORATION COMMISSION	745.32
Delivered by Truck No. B-28		Discount	
Delivered from Eureka		Sales Tax	16.09
Signature of operator <u>Brad Butler</u>		Total	761.41

JUN 28 1994
CONSERVATION DIVISION
Wichita, Kansas

Harold R. Trapp

Certified Petroleum Geologist

212 North Market #414 - Wichita, Kansas

67202

(316) 262-7111

COMPANY OHAEBOSIM MEDICAL CLINIC
LEASE EDSON A#3

LOCATION 1480' FNL E 1475' FWL
SECTION 7 TOWNSHIP 26S RANGE 3E
COUNTY BUTLER STATE KS Field BUTWICK

CONTRACTOR SUMMIT DRILLING CO.

Spud date: 3/11/94 TD date 3/19/94

Surface Casing 206' OF 8 5/8"

Well Status D&K

Formation Top	Depth	Subsea
LANSING	2088	-752
KANSAS CITY	2351	-1015
BASE KANSAS CITY	2513	-1177
CHEROKEE	2732	-1396
MISSISSIPPIAN	2790	-1454
MISS CHERT	2829	-1493
MISS LIME	2861	-1525
KINDERHOOK	3105	-1769
HUNTON	3148	-1812
VIOLA	3174	-1838
SIMPSON DOLLO	3193	-1862
SIMPSON SAND	3207	-1871
Total Depth		

Elevations:
KB 1336
DF _____
Surf 1329

Electric Logs:
DUAL INDUCTION
COMP NEU/DENS
MICRO

RECEIVED
CORPORATION COMMISSION

JUL 28 1994

CONSERVATION DIVISION
Wichita, Kansas