

Oil & Gas Conservation Division

ORIGINAL

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KANSAS CORP COM

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

2000 NOV -3 A 1:09

Operator: License 32406
Name: Phoenix Kansas Energy, LLC.
Address: 536 North Highland
City/State/Zip: Chanute, Kansas 66720
Purchaser: Plains Marketing
Operator Contact Person: Bob Barnett
Phone: (316) 431 - 2650
Contractor: Name: A & A Well Service
License: 31813
Wellsite Geologist: _____
Designate Type of Completion:

New Well Re-Entry Workover Temp. Abd.
 Oil SWD SIOW
 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 TD: _____
Deepening: _____
 Plug Back Plug Back Total Depth _____
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____

<u>7/26/00</u>	<u>8/2/00</u>	<u>10/12/00</u>
Spud Date or	Date Reached TD	Completion Date or
Recompletion Date		Recompletion Date

API No. 15 - 207 - 037-21491-0000
County: Crawford
S2 - NW - NE Sec. 30 Twp. 27 s 22 22 East
4200 feet from S N (circle one) Line of Section
2080 feet from E W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Albert Elmer Well # G-4A
Field Name: Hepler
Producing Formation: Tucker
Elevation: Ground NA Kelly Bushing: _____
Total Depth: 600' Plug Back TD: 600'
Amount of Surface Pipe Set and Cemented: 21'
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____
If Alternate II completion, cement circulated from 600'
feet depth to Surface w/ 140 sx. cmt.

Drilling Fluid Management Plan

(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 _____ R. _____ East _____ West _____
County: _____ Docket No. _____

INSTRUCTIONS: An original and two copies of this form shall be filled 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 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 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: Bob Barnett
Title: Operations Manager Date: 10/31/00

Subscribed and sworn to before me this 31st day of October, 2000

Notary Public: Karen M. Willey
Date Commission Expires: _____



KCC Office Use Only	
_____	Letter of Confidentiality Attached
_____	If denied, Yes <input type="checkbox"/> Date _____
_____	Wireline Log Received
_____	Geologist Report Received
_____	UIC Distribution

ORIGINAL

COPY

CONSOLIDATED INDUSTRIAL SERVICES, INC.
211 W. 14TH STREET, CHANUTE, KS 66720
316-431-9210 OR 800-467-8676

TICKET NUMBER 15745
LOCATION Chanute
FOREMAN Dwayne

TREATMENT REPORT

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
10/12/00	6920	G4-A		30	27	21	Crawford	
CHARGE TO				OWNER				
MAILING ADDRESS				OPERATOR				
CITY				CONTRACTOR				
STATE				DISTANCE TO LOCATION				
ZIP CODE				TIME LEFT LOCATION				
TIME ARRIVED ON LOCATION								

WELL DATA	
HOLE SIZE	4 1/2"
TOTAL DEPTH	
CASING SIZE	
CASING DEPTH	
CASING WEIGHT	
CASING CONDITION	
TUBING SIZE	1"
TUBING DEPTH	500'
TUBING WEIGHT	
TUBING CONDITION	
PACKER DEPTH	
PERFORATIONS	
SHOTS/FT	
OPEN HOLE	
TREATMENT VIA	

TYPE OF TREATMENT	
<input type="checkbox"/> SURFACE PIPE	<input type="checkbox"/> ACID BREAKDOWN
<input type="checkbox"/> PRODUCTION CASING	<input type="checkbox"/> ACID STIMULATION
<input type="checkbox"/> SQUEEZE CEMENT	<input type="checkbox"/> ACID SPOTTING
<input checked="" type="checkbox"/> PLUG & ABANDON	<input type="checkbox"/> FRAC
<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> FRAC + NITROGEN
<input type="checkbox"/> MISC PUMP	<input type="checkbox"/> FOAM FRAC
<input type="checkbox"/> OTHER	<input type="checkbox"/> NITROGEN

PRESSURE LIMITATIONS		
	THEORETICAL	INSTRUCTED
SURFACE PIPE		
ANNULUS LONG STRING		
TUBING		

INSTRUCTIONS PRIOR TO JOB Plug with cement through 1" Bottom to Top

JOB SUMMARY

DESCRIPTION OF JOB EVENTS Broke circulation and Pumped 6.5 SK Cement to Fill Bottom to Top

PRESSURE SUMMARY	
BREAKDOWN or CIRCULATING	psi
FINAL DISPLACEMENT	psi
ANNULUS	psi
MAXIMUM	psi
MINIMUM	psi
AVERAGE	psi
ISIP	psi
5 MIN SIP	psi
15 MIN SIP	psi

TREATMENT RATE	
BREAKDOWN BPM	
INITIAL BPM	
FINAL BPM	
MINIMUM BPM	
MAXIMUM BPM	
AVERAGE BPM	
HYD HHP = RATE X PRESSURE X 40.8	

AUTHORIZATION TO PROCEED TITLE DATE

ALL THE TERMS AND CONDITIONS STATED ON THE REVERSE SIDE ARE INCORPORATED AS PART OF THIS SALE.

2nd well

COPY

ORIGINAL

CONSOLIDATED INDUSTRIAL SERVICES, INC.
211 W. 14TH STREET, CHANUTE, KS 66720
316-431-9210 OR 800-467-8676

TICKET NUMBER 15742
LOCATION Chanute
FOREMAN Dwayne

TREATMENT REPORT

DATE <u>10/10/00</u>	CUSTOMER ACCT # <u>6920</u>	WELL NAME <u>64-1</u> <i>New Well</i>	QTR/QTR	SECTION <u>30</u>	TWP <u>24</u>	RGE <u>21</u>	COUNTY <u>Crawford</u>	FORMATION
CHARGE TO <u>TOCO</u>				OWNER				
MAILING ADDRESS <u>536 N. Highland</u>				OPERATOR				
CITY <u>Chanute</u>				CONTRACTOR				
STATE <u>Ks</u>		ZIP CODE <u>66720</u>		DISTANCE TO LOCATION				
TIME ARRIVED ON LOCATION				TIME LEFT LOCATION				

WELL DATA	
HOLE SIZE	<u>4 7/8</u>
TOTAL DEPTH	
CASING SIZE	<u>2 1/2</u>
CASING DEPTH	<u>600'</u>
CASING WEIGHT	
CASING CONDITION	
TUBING SIZE	
TUBING DEPTH	
TUBING WEIGHT	
TUBING CONDITION	
PACKER DEPTH	
PERFORATIONS	
SHOTS/FT	
OPEN HOLE	
TREATMENT VIA	

TYPE OF TREATMENT	
<input type="checkbox"/> SURFACE PIPE	<input type="checkbox"/> ACID BREAKDOWN
<input type="checkbox"/> PRODUCTION CASING	<input type="checkbox"/> ACID STIMULATION
<input checked="" type="checkbox"/> SQUEEZE CEMENT	<input type="checkbox"/> ACID SPOTTING
<input type="checkbox"/> PLUG & ABANDON	<input type="checkbox"/> FRAC
<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> FRAC + NITROGEN
<input type="checkbox"/> MISC PUMP	<input type="checkbox"/> FOAM FRAC
<input type="checkbox"/> OTHER	<input type="checkbox"/> NITROGEN

PRESSURE LIMITATIONS		
	THEORETICAL	INSTRUCTED
SURFACE PIPE		
ANNULUS LONG STRING		
TUBING		

INSTRUCTIONS PRIOR TO JOB TRY to communicate with old well by Pumping water

JOB SUMMARY

DESCRIPTION OF JOB EVENTS hooked on and pumped 75 SK Portland A Cement with 2 SK Gel Ahead and Flushed with 2 Bull Water Shot In 750 PST.
Pumped 160 Bull Water From Transport Ahead OF Cement

PRESSURE SUMMARY	
BREAKDOWN or CIRCULATING	psi
FINAL DISPLACEMENT	psi
ANNULUS	psi
MAXIMUM	psi
MINIMUM	psi
AVERAGE	psi
ISIP	psi
5 MIN SIP	psi
15 MIN SIP	psi

TREATMENT RATE	
BREAKDOWN BPM	
INITIAL BPM	
FINAL BPM	
MINIMUM BPM	
MAXIMUM BPM	
AVERAGE BPM	
HYD HHP = RATE X PRESSURE X 40.8	

AUTHORIZATION TO PROCEED _____ TITLE _____ DATE _____

ORIGINAL

COPY

CONSOLIDATED INDUSTRIAL SERVICES, INC.
211 W. 14TH STREET, CHANUTE, KS 66720
316-431-9210 OR 800-467-8676

TICKET NUMBER 15746
LOCATION Chautauque
FOREMAN

TREATMENT REPORT

DATE 10/12/00	CUSTOMER ACCT# 6920	WELL NAME Elmore G-1	QTR/QTR	SECTION 30	TWP 27	RGE 21	COUNTY Chautauque	FORMATION
CHARGE TO TOCO				OWNER				
MAILING ADDRESS 536 Highland				OPERATOR				
CITY Chanute				CONTRACTOR				
STATE KS		ZIP CODE 66720		DISTANCE TO LOCATION				
TIME ARRIVED ON LOCATION				TIME LEFT LOCATION				

WELL DATA

HOLE SIZE 8 1/2
TOTAL DEPTH Unknown
CASING SIZE
CASING DEPTH
CASING WEIGHT
CASING CONDITION
TUBING SIZE 1"
TUBING DEPTH 295'
TUBING WEIGHT
TUBING CONDITION
PACKER DEPTH
PERFORATIONS
SHOTS/FT
OPEN HOLE
TREATMENT VIA Cement Pump

TYPE OF TREATMENT

<input type="checkbox"/> SURFACE PIPE	<input type="checkbox"/> ACID BREAKDOWN
<input type="checkbox"/> PRODUCTION CASING	<input type="checkbox"/> ACID STIMULATION
<input type="checkbox"/> SQUEEZE CEMENT	<input type="checkbox"/> ACID SPOTTING
<input checked="" type="checkbox"/> PLUG & ABANDON	<input type="checkbox"/> FRAC
<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> FRAC + NITROGEN
<input type="checkbox"/> MISC PUMP	<input type="checkbox"/> FOAM FRAC
<input type="checkbox"/> OTHER	<input type="checkbox"/> NITROGEN

PRESSURE LIMITATIONS

	THEORETICAL	INSTRUCTED
SURFACE PIPE		
ANNULUS LONG STRING		
TUBING		

INSTRUCTIONS PRIOR TO JOB

Plug With Cement Bottom to Top through 1" Pipe

JOB SUMMARY

DESCRIPTION OF JOB EVENTS

Hooked on and Wask Down 15'. Started Cement and Pumped 95 SK TO FILL Bottom to Top

PRESSURE SUMMARY

BREAKDOWN or CIRCULATING	psi
FINAL DISPLACEMENT	psi
ANNULUS	psi
MAXIMUM	psi
MINIMUM	psi
AVERAGE	psi
ISIP	psi
5 MIN SIP	psi
15 MIN SIP	psi

TREATMENT RATE

BREAKDOWN BPM
INITIAL BPM
FINAL BPM
MINIMUM BPM
MAXIMUM BPM
AVERAGE BPM
HYD HHP = RATE X PRESSURE X 40.8

AUTHORIZATION TO PROCEED

TITLE

DATE

ALL THE TERMS AND CONDITIONS STATED ON THE REVERSE SIDE ARE INCORPORATED AS PART OF THIS SALE.

CONSOLIDATED

INDUSTRIAL
SERVICES

AN INFINITY COMPANY

211 W. 14TH STREET, CHANUTE, KS 66720
316-431-9210 OR 800-467-8676

ORIGINAL

TICKET NUMBER **16890**

LOCATION Chanute

FIELD TICKET

DATE 10/12/00	CUSTOMER ACCT # 6920	WELL NAME E/M/C G-4	QTR/QTR	SECTION 30	TWP 27	RGE 21	COUNTY Clawford	FORMATION
CHARGE TO TOCO				OWNER				
MAILING ADDRESS 536 W Highland				OPERATOR				
CITY & STATE Chanute KS 66720				CONTRACTOR				

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT
5405A	1 well 295'	PUMP CHARGE Cement Pump Footage HYDRAULIC HORSE POWER		415.00
		STAND BY TIME		
		MILEAGE		
		WATER TRANSPORTS		
		VACUUM TRUCKS	Supplied by customer	
		FRAC SAND		
1118	4 SK	Prom Gel / INCOGNIT		44.00
1104	95 SK	CEMENT Per + load A 4% Gel		817.00
		NITROGEN	Tax	59.41
5407	25	TON-MILES Delivery		175.00
			ESTIMATED TOTAL	1510.41

NSCO #15097

CUSTOMER or AGENTS SIGNATURE

CIS FOREMAN Dwayne

CUSTOMER or AGENT (PLEASE PRINT)

DATE

169022