

FORM MUST BE TYPED

SIDE ONE

ORIGINAL

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

API NO. 15- 193-20,632-~~00-00~~
County Thomas
- SW - SW-NE Sec. 19 Twp. 10S Rge. 32 X EW

Operator: License # 4197

Name: Dunne Oil Co.

Address 100 S. Main, Suite 410

City/State/Zip Wichita, Ks. 67202

Purchaser: _____

Operator Contact Person: _____

Phone (316) 267-3448

Contractor: Name: Abercrombie RTD, Inc.

License: 30684

Wellsite Geologist: RAUL BRITO

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: N/A

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. _____

03-22-95 03-29-95 03-30-95
Spud Date Date Reached TD Completion Date

2310 Feet from S (circle one) Line of Section
2310 Feet from E (circle one) Line of Section

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

Lease Name Soucie Well # 1-19

Field Name _____

Producing Formation _____

Elevation: Ground 3096' KB 3101'

Total Depth 4700' PBDT 4699'

Amount of Surface Pipe Set and Cemented at 248.81 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 D&A 99 2-8-96
(Data must be collected from the Reserve Pit)

Chloride content 4000 ppm Fluid volume 960 bbls

Dewatering method used Evaporization

Location of fluid disposal RECEIVED hauled offsite:

KANSAS CORPORATION COMMISSION

Operator Name 05-02-1995

Lease Name MAY 02 1995 License No. _____

Quarter Sec. Twp. S Rng. E/W

CONSERVATION DIVISION

County WICHITA, KS 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 _____

Title President Date 5-1-95

Subscribed and sworn to before me this 1st day of May, 1995.

Notary Public Betty J Price

Date Commission Expires 9-2-96

BETTY J. PRICE
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 9-2-96

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)

SIDE TWO

Operator Name Dunne Oil, Co. Lease Name Soucie Well # 1-19
 Sec. 19 Twp. 10S Rge. 32 East County Thomas West

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 (Attach Additional Sheets.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datums	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Anhydrite	2599	+502
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	B/anh	2628	+473
List All E.Logs Run:		Heebner	4008	-907
		Lansing	4049	-948
		Stark	4264	-1163
		BKC	4327	-1226
		Fort Scott	4518	-1417
		Cherokee	4545	-1444
		Mississippi	4630	-1529

Radiation Guard w/SP

CASING RECORD <input 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		8 5/8"	23#	248.81	60/40pos	190	2%gel, 4%cc

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. Conmingled Other (Specify) _____

Production Interval: _____

ORIGINAL

#1-19 SOUCIE
C SW SW NE
Sec. 19-10S-32W
THOMAS COUNTY, KS

API# 15-193-20632-00-00

DST #1: 4092-4110 "D" Zone, 30-30-30-30, Weak Blow thruout.
RECOVERED: 20' Mud w/tr oil in tool.
FPs: 29-29/29-29, SIPs: 1141-1141. BHT 110.

DST #2: 4115-4135 "E" Zone, 30-30-30-30, Weak Blow thruout.
RECOVERED: 10' Oil cut Mud (10% Oil), 10 Mud w/scum oil.
FPs: 39-39/39-39, SIPs: 955-750.

DST #3: 4178-4210, "H" Zone. 30-30-45-60, 1" Blow 1st, 2" Blow 2nd
RECOVERED: 150' Salt Water w/oil spots
FPs: 48-78/87-117, SIPs: 1230-1240.

DST #4: 4212-4260, "I" & "J" Zones. 30-30-30-30, 1/4" Blow
RECOVERED: 15' Mud, No Show
FPs: 29-29/29-29, SIPs: 1250-1220.

DST #5: 4261-4321, "K" & "L" Zones, 30-30-30-30, 3/4" Blow 1st Open
RECOVERED: 1' Free Oil, 60' Mud w/oil spots
FPs: 48-48/58-58, SIPs: 1122-1092

RECEIVED
KANSAS CORPORATION COMMISSION

MAY 02 1995

CONSERVATION DIVISION
WICHITA, KS

ORIGINAL

ALLIED CEMENTING CO., INC. 00194

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

15-193-20632-00-00

SERVICE POINT:

Oakley

DATE 3-22-95	SEC 19	TWP 10	RANGE 32	CALLED OUT	ON LOCATION 6:00 PM	JOB START	JOB FINISH 6:30 PM
LEASE Soucie	WELL# 1-19	LOCATION Oakley 3N-3W-16N-14W			COUNTY Thomas	STATE Kan	

OLD OR NEW (Circle one)

CONTRACTOR Abercrombie RTD #4	OWNER Dunne Oil Co
TYPE OF JOB Surface	CEMENT
HOLE SIZE 12 1/4	T.D. 249'
CASING SIZE 8 5/8	DEPTH 248'
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG. 15'	
PERFS. 15 BBL	

AMOUNT ORDERED 190 SKS 1/4" pipe
4% CC - 2% 1/2"

COMMON	@	
POZMIX	@	
GEL	@	
CHLORIDE	@	
	@	
	@	
	@	
	@	
	@	
HANDLING 190 SKS	@	1.05
MILEAGE 4¢ per sk/mile		

EQUIPMENT

PUMP TRUCK CEMENTER Walt	
# 191 HELPER Wayne	
BULK TRUCK	
# 212 DRIVER Job Dean	
BULK TRUCK	
# DRIVER	

RECEIVED
KANSAS CORPORATION COMMISSION

REMARKS:

MAY 02 1995

SERVICE

CONSERVATION DIVISION
WICHITA, KS

Cement Did Circ

Walt

DEPTH OF JOB	249'
PUMP TRUCK CHARGE	445.00
EXTRA FOOTAGE	@
MILEAGE	@ 2.35
PLUG 8 5/8 Woodbr. Plug	@ 45.00
	@
	@

TOTAL

CHARGE TO: Dunne Oil
STREET _____
CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

	@	
	@	
	@	
	@	
	@	

TOTAL

TAX _____
TOTAL CHARGE _____
DISCOUNT _____ IF PAID IN 30 DAYS

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

ALLIED CEMENTING CO., INC. 00196

15-193-20632-00-00

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT: Oakley

ORIGINAL

DATE <u>3-29-94</u>	SEC. <u>19</u>	TWP. <u>10</u>	RANGE <u>32</u>	CALLED OUT	ON LOCATION <u>8:30 PM</u>	JOB START <u>10:00 AM</u>	JOB FINISH <u>12:30 AM</u>
LEASE <u>Soucie</u>	WELL# <u>1-19</u>	LOCATION <u>Oakley 3N-31-34N-4W</u>	COUNTY <u>Thomas</u>	STATE <u>Kan</u>			

OLD OR NEW (Circle one)

CONTRACTOR Abercrombie RTD #4

TYPE OF JOB PTA

HOLE SIZE 7 7/8 T.D. 4200'

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

OWNER Dunne Oil

CEMENT

AMOUNT ORDERED 190 sks 6940 per
69661, 14 lbs Flo-Seal

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING 190 sks @ 1.25

MILEAGE 4¢ per sk/mile

EQUIPMENT

PUMP TRUCK CEMENTER Walt

191 HELPER Wayne

BULK TRUCK

218 DRIVER Dean

BULK TRUCK

_____ DRIVER _____

RECEIVED
KANSAS CORPORATION COMMISSION

REMARKS:

25 sks @ 2600'

100 sks @ 1800'

40 sks @ 300'

10 sks @ 40'

15 sks in R.H.

That's all

MAY 02 1995

CONSERVATION DIVISION
WICHITA

SERVICE

DEPTH OF JOB 2600'

BUMP TRUCK CHARGE _____ 550.00

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ 2.35

PLUG 8 sk D.H. @ _____ 23.00

_____ @ _____

_____ @ _____

TOTAL _____

CHARGE TO: Dunne Oil Co.

STREET _____

CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

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