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OCT 18 2001

KCC WICHITA

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM

Form ACO-1
September 1999
Form Must Be Typed

WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 32764
 Name: HYNES OIL COMPANY
 Address: 5949 West Cloud Street
 City/State/Zip: Salina, KS 67401
 Purchaser: _____
 Operator Contact Person: Tracy Hynes
 Phone: (785) 825-8169
 Contractor: Name: Discovery Drilling Co., Inc.
 License: 31548
 Wellsite Geologist: Randall Kilian
 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: _____
 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. _____

<u>9/8/01</u>	<u>9/12/01</u>	<u>9/12/01</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 009-24,715-0000
 County: Barton
40° N & 165° W of Sec. 8 Twp. 17 S. R. 11 W East West
1360 feet from N (circle one) Line of Section
2145 feet from W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Radenberg "A" Well #: 1
 Field Name: _____
 Producing Formation: None
 Elevation: Ground: 1877 Kelly Bushing: 1885
 Total Depth: 3348 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at 623.09 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 P&A RJR 7/11/07
 (Data must be collected from the Reserve Pit)
 Chloride content 21,000 ppm Fluid volume 320 bbls
 Dewatering method used Evaporation
 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 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: Tracy Hynes
 Title: Operator Date: 10/15/2001
 Subscribed and sworn to before me this 15 day of October,
01.
 Notary Public: Barbara J. Shannon
 Date Commission Expires: 3-7-04

BARBARA J. SHANNON
 Notary Public - State of Kansas
 My Appt. Expires 3-7-04

KCC Office Use ONLY

Letter of Confidentiality Attached
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

X

Operator Name: HYNES OIL COMPANY Lease Name: Radenburg "A" Well #: 1
 Sec. 8 Twp. 17 S. R. 11w East West County: Barton

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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input checked="" 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 Pipe	12 1/4	8 5/8	23	623.09	60/40Poz	300	2%Gel&3%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 <i>(Amount and Kind of Material Used)</i>	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 Enhr.			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, Sumit ACO-18.)*

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

Production Interval _____

ALLIED CEMENTING CO., INC. 09950

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

ORIGINAL
SERVICE POINT:
Russell

DATE <i>9-8-01</i>	SEC <i>8</i>	TWR <i>17</i>	RANGE <i>11</i>	CALLED OUT <i>5:30 PM</i>	ON LOCATION <i>5:00 PM</i>	JOB START	JOB FINISH <i>10:00 AM</i>
LEASE <i>Radenberg</i>	WELL # <i>A-1</i>	LOCATION <i>Clayton 4 1/2 mi</i>			COUNTY <i>Barton</i>	STATE <i>Kn</i>	
OLD OR <input checked="" type="radio"/> NEW (Circle one)							

CONTRACTOR *Discovery 47*

TYPE OF JOB *SURFACE*

HOLE SIZE *12 1/2* T.D. *624*

CASING SIZE *8 1/2* DEPTH

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. *20'*

PERFS.

DISPLACEMENT

OWNER

CEMENT

AMOUNT ORDERED *3000 lb 64/403-2*

COMMON @

POZMIX @

GEL @

CHLORIDE @

HANDLING @

MILEAGE

EQUIPMENT

PUMP TRUCK CEMENTER *B11*

~~# 345~~ HELPER *Cole*

BULK TRUCK

362 DRIVER *Brent*

BULK TRUCK

DRIVER

RECEIVED

OCT 18 2001

TOTAL

REMARKS:

SURFACE W/ 623

Cemt w/ 3000 lb 64/403-2

pump plug w/ bbls of water

Cem did circ.

DEPTH OF JOB

PUMP TRUCK CHARGE

EXTRA FOOTAGE @

MILEAGE @

PLUG *1-5 Rubber* @

TOTAL

CHARGE TO: *Hynes Oil Co.*

STREET

CITY STATE ZIP

FLOAT EQUIPMENT

@

@

@

@

@

TOTAL

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or

ALLIED CEMENTING CO., INC. 5875

REMIT TO PO. BOX 31
RUSSELL, KANSAS 67665

ORIGINAL
At Bend

DATE <u>9-12-01</u>	SEC <u>8</u>	TWP. <u>17</u>	RANGE <u>11</u>	CALLED OUT <u>5:30 PM</u>	ON LOCATION <u>9:00 PM</u>	JOB START <u>9:30 PM</u>	JOB FINISH <u>11:30 PM</u>
LEASE <u>Boothers</u>	WELL # <u>A-1</u>	LOCATION <u>Chaffin 4N, 1 1/2 W, N/S</u>			COUNTY <u>Barton</u>	STATE <u>Ks</u>	
OLD OR <input checked="" type="radio"/> NEW (Circle one)							

CONTRACTOR Discovery #2

TYPE OF JOB Rotary Drill

HOLE SIZE 7 7/8" TD. 3348'

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4 1/2" DEPTH 700'

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

OWNER Same

CEMENT AMOUNT ORDERED 125 lbs 60/40 690 Hef,

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING _____ @ _____

MILEAGE _____ @ _____

EQUIPMENT

PUMP TRUCK # 181 CEMENTER Tom O HELPER Bob B

BULK TRUCK # 344 DRIVER Lennie M

BULK TRUCK # _____ DRIVER _____

RECEIVED

OCT 18 2001

KCO WICHITA SERVICE

TOTAL _____

REMARKS:

Mixed - 50 lbs @ 700'

40 lbs @ 375'

10 lbs @ 40'

15 lbs in Boothers

10 lbs in mousehole

Drinker

DEPTH OF JOB 700'

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

PLUG 1-8 7/8" Ampole _____ @ _____

_____ @ _____

_____ @ _____

CHARGE TO Hyvac Oil, Co.

STREET _____

CITY _____ STATE _____ ZIP _____

TOTAL _____

FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or

TOTAL _____

