

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Form ACO-1
September 1999
Form Must Be Typed

ORIGINAL

Operator: License # 5614
Name: William S. Hutchinson d/b/a Hutchinson Oil Co.
Address: P.O. Box 521
City/State/Zip: Derby, Kansas 67037-0521
Purchaser: SemCrude
Operator Contact Person: Steve Hutchinson
Phone: (316) 788-5440
Contractor: Name: Extreme Well Service, Inc.
License: 33369

API No. 15 - 185-12949-00-01
County: Stafford
NE SE SW Sec. 16 Twp. 22 S. R. 11 East West
990 feet from (S) N (circle one) Line of Section
2310 feet from E (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW (SW)
Lease Name: Shepherd Well #: 5
Field Name: Shepherd

Wellsite Geologist: NA
Designate Type of Completion:
 New Well Re-Entry Workover Temp. Abd.
 Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

**RECEIVED
KANSAS CORPORATION COMMISSION
AUG 22 2005
CONSERVATION DIVISION
WICHITA, KS**

Producing Formation: LKC
Ground: 1804 Kelly Bushing: 1804
Total Depth: 3554.5 Plug Back Total Depth: 3500'
Amount of Surface Pipe Set and Cemented at 223' already set 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.

If Workover/Re-entry: Old Well Info as follows:
Operator: Adair, Fleming & Mallard
Well Name: Shepherd #5
Original Comp. Date: 5-1-53 Original Total Depth: 3559'
 Deepening Re-perf. Conv. to Enhr./SWD
 Plug Back 3500' Plug Back Total Depth
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____
4/25/05 5/02/05 5/05/05
Spud Date or Date Reached TD Completion Date or Recompletion Date

Drilling Fluid Management Plan Workover Aft 1 NCR
(Data must be collected from the Reserve Pit) 8-14-08
Chloride content 28,000 ppm Fluid volume 100 bbls
Dewatering method used Pulled and disposed
Location of fluid disposal if hauled offsite:
Operator Name: Bob's Oil Service, Inc.
Lease Name: Teichmann License No.: 30610
Quarter SW 1/4 Sec. 16 Twp. 22 S. R. 12 East West
County: Stafford Docket No.: D-23,722

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: [Signature]
Title: Operator Date: 8/19/05
Subscribed and sworn to before me this 19 day of August,
20 05
Notary Public: Michelle D Messer
Date Commission Expires: 11.4.06

A. MICHELLE D. MESSER
Notary Public - State of Kansas
My Appt. Expires 11.4.06

KCC Office Use ONLY

NO Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

William S. Hutchinson d/b/a
Hutchinson Oil Co.

Operator Name: _____ Lease Name: Shepherd Well #: 5
 Sec. 16 Twp. 22 S. R. 11 East West County: Stafford

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: <p style="text-align: center;">Gamma Ray Neutron Cement Bond Log</p>	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> </thead> <tbody> <tr> <td>Heebner</td> <td>3039</td> <td>-1230</td> </tr> <tr> <td>Lansing</td> <td>3201</td> <td>-1392</td> </tr> <tr> <td>BKC</td> <td>3453</td> <td>-1644</td> </tr> <tr> <td>Arbuckle</td> <td>3541</td> <td>-1732</td> </tr> <tr> <td>LTD</td> <td>3554.5</td> <td>-1745.5</td> </tr> </tbody> </table>	Name	Top	Datum	Heebner	3039	-1230	Lansing	3201	-1392	BKC	3453	-1644	Arbuckle	3541	-1732	LTD	3554.5	-1745.5
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LTD	3554.5	-1745.5																	

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	12 1/4"	8 5/8ths	20#	223'	Common	250sxs.	3%gel/2%c/c
Production	7-7/8ths	5 1/2"	14#	3554'	Common	100sxs.	2%gel

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing				
___ Plug Back TD				
___ 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 spf	3338-44	500 Gals. 15%	
2 spf	3371-75	500 Gals. 15%	
2 spf	3400-06	500 Gals. 15%	
	Cast Iron Plug 3500'		

TUBING RECORD		Size <u>2 7/8ths</u>	Set At <u>3490'</u>	Packer At _____	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. <u>5/12/05</u>		Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil Bbls. <u>2</u>	Gas Mcf <u>45 MCF</u>	Water Bbls. <u>48</u>	Gas-Oil Ratio <u>20-1</u>	Gravity <u>34⁰</u>

Disposition of Gas Vented Sold Used on Lease *(If vented, Submit ACO-18.)*

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled _____

Production Interval Other (Specify) _____