

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

Operator: License # 5420

Name: White & Ellis Drilling, Inc.

Address P. O. Box 48848

City/State/Zip Wichita, KS 67201-8848

Purchaser: N/A

Operator Contact Person: Michael L. Considine

Phone (316) 263-1102

Contractor: Name: White & Ellis Drlg., Inc.

License: 5420

Wellsite Geologist: Thomas Funk

Designate Type of Completion

New Well Re-Entry Workover

Oil SWD SLOW Temp. Abd.

Gas ENHR SIG

Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Deepening Re-perf. Conv. to Inj/SWD

Plug Back PBD

Commingled Docket No. _____

Dual Completion Docket No. _____

Other (SWD or Inj?) Docket No. _____

3-22-96 3-30-96 3-30-96
Spud Date Date Reached TD Completion Date

API NO. 15- 15-193-206460000

County Thomas

App - SW - SW - SW Sec. 28 Twp. 10S Rge. 33 ^E_W

440 Feet from S/W (circle one) Line of Section

440 Feet from E/W (circle one) Line of Section

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

Lease Name Gustafson Well # 1-28

Field Name Unnamed

Producing Formation N/A

Elevation: Ground 3150 KB 3155

Total Depth 4750 PBDT _____

Amount of Surface Pipe Set and Cemented at 331 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 6-6-96
(Data must be collected from the Reserve Pit) LU

Chloride content 3400 ppm Fluid volume 1200 bbls

Dewatering method used evaporation

Location of fluid disposal if hauled offsite: 4-16-96

Operator Name _____

Lease Name _____ License No. _____

Quarter Sec. _____ Twp. _____ S Rng. _____ E/W

County _____ Docket No. _____

RECEIVED
KANSAS CORP COM
1996 APR 16 11 18

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 Michael L. Considine
Title Secretary-Treasurer Date 4-2-96

Subscribed and sworn to before me this 2nd day of April, 1996.

Notary Public Carolyn J. Tjaden
Date Commission Expires September 5, 1996

K.C.C. OFFICE USE ONLY		
F	<input type="checkbox"/>	Letter of Confidentiality Attached
C	<input checked="" type="checkbox"/>	Wireline Log Received
C	<input checked="" type="checkbox"/>	Geologist Report Received
Distribution		
<input checked="" type="checkbox"/>	KCC	<input type="checkbox"/> SMD/Rep
<input type="checkbox"/>	KGS	<input type="checkbox"/> Plug
<input type="checkbox"/>		<input type="checkbox"/> NGPA
<input type="checkbox"/>		<input type="checkbox"/> Other
(Specify)		

CAROLYN J. TJADEN
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 9-5-96

ORIGINAL

Operator Name White & Ellis Drlg., Inc. Lease Name Gustafson Well # 1-28

Sec. 28 Twp. 10S Rge. 33
 East
 West

County Thomas

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	2634	+ 521
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	B/Anhydrite	2663	+ 492
List All E.Logs Run:		Heebner	4047	- 892
		Lansing	4093	- 938
		Muncie Creek	4229	-1074
		Stark	4315	-1160
		Marmaton	4396	-1241
		Cherokee	4594	-1439
		Johnson Zone	4637	-1482
		Mississippi	4714	-1559

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	12 1/4"	8 5/8"	24#	331'	60/40 poz	190/90	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. Commingled Other (Specify) _____

Production Interval: _____

15-197-20646-0000

TELEPHONE:

AREA CODE 913 483-2627
AREA CODE 913 483-3887

ALLIED CEMENTING COMPANY, INC.

P. O. BOX 31
RUSSELL, KANSAS 67665

ORIGINAL

TO: White & Ellis Drilling
P. O. Box 48848
Wichita, KS 67201-8848

INVOICE NO. 72217
PURCHASE ORDER NO. _____
LEASE NAME Gustafson 1-28
DATE 3-30-96

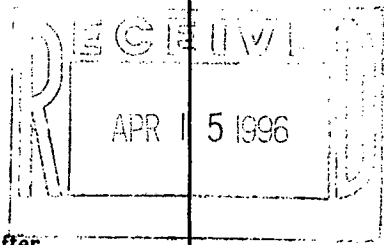
SERVICE AND MATERIALS AS FOLLOWS:

Common 114 sks @\$7.20	\$820.80	
Pozmix 76 sks @\$3.15	239.40	
Gel 10 sks @\$9.50	95.00	
Chloride 6 sks @\$28.00	<u>168.00</u>	\$1,323.20
Handling 190 sks @\$1.05	199.50	
Mileage (12) @\$.04¢ per sk per mi	91.20	
Plug	550.00	
Mi @\$2.35 pmp trk chg	28.20	
1 plug	<u>23.00</u>	<u>891.90</u>
	Total	\$2,215.10

If Account CURRENT a
Discount of \$ 443.02
will be Allowed ONLY if
Paid Within 30 Days from
Date of Invoice.

March '96
1300317 11380 \$1,772.08

Thank You!



All Prices Are Net, Payable 30 Days Following Date of Invoice. 1½% Charged Thereafter.

TELEPHONE:

AREA CODE 913 483-2627
AREA CODE 913 483-3887

ARJED CEMENTING COMPANY, INC.

P. O. BOX 31
RUSSELL, KANSAS 67665

ORIGINAL

TO: White & Ellis Drilling, Inc.
P. O. Box 48848
Wichita, KS 67201-8848

INVOICE NO. 72099
PURCHASE ORDER NO. _____
LEASE NAME Gustafson 1-28
DATE 3-22-96

SERVICE AND MATERIALS AS FOLLOWS:

Common 108 sks @\$7.20	\$777.60	
Pozmix 72 sks @\$3.15	226.80	
Gel 3 sks @\$9.50	28.50	
Chloride 7 sks @\$28.00	<u>196.00</u>	\$1,228.90
Handling 180 sks @\$1.05	189.00	
Mileage (12) @\$.04¢ per sk per mi	86.40	
Surface	445.00	
Mi @\$2.35 pmp trk chg	28.20	
1 plug	<u>45.00</u>	<u>793.60</u>
Total		\$2,022.50

If Account CURRENT a
Discount of \$ 404.50
will be Allowed ONLY if
Paid Within 30 Days from
Date of Invoice.

1300311

11380

\$1,618.00

Thank You!

All Prices Are Net, Payable 30 Days Following Date of Invoice. 1½% Charged Thereafter.

RECEIVED
KANSAS CORP COMM
1996 APR 16 A 11:19
MAR 27 1996

ALLIED CEMENTING CO., INC.

0525

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

SERVICE POINT: R

DATE <u>3-22-96</u>	SEC <u>28</u>	TWP <u>10S</u>	RANGE <u>33</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEADER <u>Gustafson</u>	WELL # <u>1-28</u>	LOCATION <u>Monument AN WY IN</u>			COUNTY <u>Thomas</u>	STATE <u>Ks</u>	
OLD OR NEW (Circle one) <u>NEW</u>							

CONTRACTOR White & Ellis Dig

TYPE OF JOB Surface

HOLE SIZE 12 1/2" T.D. 332

CASING SIZE 8 1/2" DEPTH 331

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG 28' 19 3/4' 801

~~PERFS:~~ 10-15'

OWNER _____ CEMENT? _____

AMOUNT ORDERED ~~180~~ 180 ⁶⁰ 40 ⁵⁰ 90 CC

2 1/2 gal

COMMON	<u>1081</u>	@	<u>720</u>	<u>777.60</u>
POZMIX	<u>721</u>	@	<u>315</u>	<u>226.80</u>
GEL	<u>3</u>	@	<u>950</u>	<u>28.50</u>
CHLORIDE	<u>7</u>	@	<u>28.00</u>	<u>196.00</u>
		@		
		@		
		@		
		@		
		@		
HANDLING		@	<u>105</u>	<u>189.00</u>
MILEAGE	<u>4 1/2 SA</u>	@		<u>26.40</u>
TOTAL				<u>1504.30</u>

EQUIPMENT

PUMP TRUCK CEMENTER Dave

153 HELPER Mark

BULK TRUCK _____ DRIVER _____

BULK TRUCK _____ DRIVER Jason

205

REMARKS:

Cement - C-IT

SERVICE

DEPTH OF JOB			
PUMP TRUCK CHARGE			<u>445.00</u>
EXTRA FOOTAGE	@		
MILEAGE	@	<u>12</u>	<u>28.20</u>
PLUG	@	<u>8 5/8 Surface</u>	<u>45.00</u>
	@		
	@		
TOTAL			<u>518.20</u>

CHARGE TO: White & Ellis Dig Inc

STREET Box 48848

CITY Wichita STATE Ks ZIP 67201-8848

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 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.

SIGNATURE Haymond

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

ALLIED CEMENTING CO., INC.

0480

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

ORIGINAL

SERVICE POINT:

Oakley

DATE <u>3-30-96</u>	SEC. <u>28</u>	TWP. <u>10</u>	RANGE <u>33</u>	CALLED OUT	ON LOCATION <u>9:15 AM</u>	JOB START <u>11:30 AM</u>	JOB FINISH <u>1:45 PM</u>
LEASE <u>Gustafson</u>	WELL # <u>1-28</u>	LOCATION <u>Monument 2N-4W-1N-ES</u>	COUNTY <u>Thomas</u>	STATE <u>Kan</u>			

OLD OR (NEW) (Circle one)

CONTRACTOR White + Ellis Dals #9

TYPE OF JOB PTA

HOLE SIZE 7 7/8 T.D. 4950'

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

OWNER Same

CEMENT

AMOUNT ORDERED 190 SKS 60% per
6% gel, 3% cc

COMMON	<u>114 SKS</u>	@ <u>7.20</u>	<u>820.00</u>
POZMIX	<u>76 SKS</u>	@ <u>3.15</u>	<u>239.40</u>
GEL	<u>10 SKS</u>	@ <u>9.50</u>	<u>95.00</u>
CHLORIDE	<u>6 SKS</u>	@ <u>28.00</u>	<u>168.00</u>

EQUIPMENT

PUMP TRUCK CEMENTER Walt

300 HELPER Terry

BULK TRUCK

212 DRIVER Wayne

BULK TRUCK

_____ DRIVER _____

HANDLING	<u>190 SKS</u>	@ <u>1.05</u>	<u>199.50</u>
MILEAGE	<u>44 per SKI mil.</u>		<u>91.20</u>

TOTAL 4,613.90

REMARKS:

<u>25 SKS @ 2650'</u>
<u>100 SKS @ 1900'</u>
<u>40 SKS @ 380'</u>
<u>10 SKS @ 40'</u>
<u>15 SKS in R.H.</u>

SERVICE

DEPTH OF JOB	<u>2650'</u>		
PUMP TRUCK CHARGE			<u>550.00</u>
EXTRA FOOTAGE		@	
MILEAGE	<u>12 - miles</u>	@ <u>2.32</u>	<u>28.20</u>
PLUG	<u>8 5/8 D.H. Plug</u>	@	<u>23.00</u>

TOTAL 601.20

CHARGE TO: White + Ellis Dals

STREET Box 48848

CITY Wichita STATE Kansas ZIP 67201-8848

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 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.

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE Donald A. Demery #9