

ORIGINAL

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

Operator: License # 5430
Name: Energy Three Inc.
Address Box 255
City/State/Zip Gorham, Ks. 67640

Purchaser: N.A.

Operator Contact Person: Timothy F. Scheck

Phone (913) 637-5321

Contractor: Name: _____

License: _____

Wellsite Geologist: None

Designate Type of Completion

New Well Re-Entry Workover

Oil Injection Well Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-Entry: old well info as follows:

Operator: Energy Three Inc.

Well Name: Rice Estate #4

Comp. Date 9-12-80 Old Total Depth 4000'

XXX REMEDIAL CEMENT SQUEEZE FROM 2030' - SURFACE

Deepening Re-perf. Conv. to (In) / SWD

Plug Back PBTD

Commingled Docket No. _____

Dual Completion Docket No. _____

Other (SWD or (In)) Docket No. new well

XXX SQUEEZED OFF OLD PERFORATIONS

12-4-96 Spud Date 12-4-96 Date Reached TD 12-17-96 Completion Date

API NO. 15- 065-21,263 000

County Graham

SE - NW - SE - _____ Sec. 33 Twp. 9 Rge. 23 E

~~Approx~~ 1650 ^{KCC 97} Feet from S/M (circle one) Line of Section

~~970~~ 1650 ^{KCC 97} 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 Rice Estate Well # 4

Field Name _____

REPRESSURED
~~Producing~~ Formation K.C.

Elevation: Ground 2464 ^{KCB} 2469

Total Depth 4010 ^{PBTD} 3833

Amount of Surface Pipe Set and Cemented at 263 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 cat.

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: 1-31-97

Operator Name _____

Lease Name _____ License No. _____

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

County _____ Docket No. _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, 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 Timothy F. Scheck

Title Consultant Date 1-29-97

Subscribed and sworn to before me this 29 day of January 19 97.

Notary Public Pamela K. Smith

Date Commission Expires April 30, 2000

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)

PAMELA K. SMITH
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 7-30-2000

15-065-21263-0001

SIDE TWO

Operator Name Energy Three Inc. Lease Name Rice Estate Well # 4

Sec. 33 Twp. 95 Rge. 23 East West County Graham

ORIGINAL

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 Yes No
(Attach Additional Sheets.)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
(Submit Copy.)

List All E.Logs Run:

Log Formation (Top), Depth and Datums Sample

Name Big Springs Drilling Inc. Top Datum
"Drillers Log" ATTACHED

CASING RECORD

New 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"	28#	263'	common	175	3%cc 2% gel
Production	7 7/8"	4 1/2"	9 1/2#	4000'	common	125	none

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	Surface 2030'	to surface	750 sacks	

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
<u>4</u>	<u>3920-3923 + 3935-3938'</u>		
2030'	3435' plug & packer 1800'	squeeze 200 sx com.	
1250'	3435' plug & packer 893'	150 sx 60-40 pos. 6% gel & 50 sx com. 3% c.c.	
770'	3435' plug & packer 560'	squeeze 75 sx 60/40 pos. 6% gel & 100 sx com. 3% e.e.	
650'	3435' plug & packer 560'	pumped 75 sx 60/40 pos. 6% gel & 100 sx com. 3% c.c. down annulus	

TUBING RECORD	Size	Set At	Packer At	Line Rpt
	2 3/8"	3901'		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No at 200 # max psi.

Date of First, Resumed Production, SWD or Inj. 1-31-97 Producing Method Flowing Pumping Gas Lift Other (Explain) Gravity

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	water 120		120 bbls		120 bbls

Disposition of Gas: Back side shut off METHOD OF COMPLETION

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval 3920'-3923'
3935'-3938'

15-065-21263-0001

ALLIED CEMENTING CO., INC.

7323

RICE ESTATE #4

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

ORIGINAL

SERVICE POINT: Russell

DATE <u>12-6-96</u>	SEC.	TWP.	RANGE	CALLED OUT <u>5:30 AM</u>	ON LOCATION <u>8:00 AM</u>	JOB START <u>8:30 AM</u>	JOB FINISH <u>7:00 PM</u>
LEASE <u>RICE ESTATE</u>	WELL # <u>4</u>	LOCATION <u>Hwy. 283 & Redline Rd 1 S</u>			COUNTY <u>McPherson</u>	STATE <u>KANSAS</u>	

OLD OR NEW (Circle one) 1 1/4 W 1/4 N

CONTRACTOR Doc's Well Service OWNER _____

TYPE OF JOB Squeeze (Perf & Circ. Cement) CEMENT

HOLE SIZE _____ T.D. _____

CASING SIZE 4 1/2 DEPTH _____

TUBING SIZE 2 7/8 DEPTH _____

~~PIPE~~ PIPE (Tim) DEPTH _____

TOOL PARKS Well Service DEPTH 1800' - 893'

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. L-K @ 2030' - 1250'

AMOUNT ORDERED 250 Com 39% C.O.

(USED 150 SK) 300 62% 62% GEL

PER DAY 2 SK. SAND

COMMON	<u>340</u>	@	<u>5 1/2</u>	<u>2074 00</u>
POZMIX	<u>60</u>	@	<u>3 1/2</u>	<u>180 00</u>
GEL	<u>3</u>	@	<u>4 50</u>	<u>76 00</u>
CHLORIDE	<u>3</u>	@	<u>22</u>	<u>224 00</u>
<u>Sand</u>	<u>4</u>	@	<u>5 50</u>	<u>22 00</u>
		@		
		@		
		@		
		@		
		@		
HANDLING		@	<u>1 00</u>	<u>420 00</u>
MILEAGE	<u>1 1/2 / 9 / Mile</u>			<u>784 00</u>
TOTAL				<u>3789 00</u>

EQUIPMENT

PUMP TRUCK CEMENTER [Signature]

177 HELPER Will

BULK TRUCK

161 DRIVER Bill - Dec City

BULK TRUCK

_____ DRIVER _____

REMARKS:

BRIDGE PLUG @ 3435' Test Tools To 1,000' (Held)

PERF @ 2030', SET PACK @ 1800', Pressured

BACKSIDE TO 500'. Mixed 200 SK COM, Squeezed

To 1000'. PERF @ 1250', SET PACK @

@ 893. Mixed 150 SK 62% GEL &

50 SK COM 37% C.O., Squeezed To 1,000'

& SHUT IN @ 1,000' OVER-NIGHT

THANKS

SERVICE

DEPTH OF JOB			
PUMP TRUCK CHARGE			<u>120 00</u>
EXTRA FOOTAGE		@	
MILEAGE	<u>49</u>	@	<u>23 00</u>
PLUG		@	
		@	
		@	
TOTAL <u>1169 00</u>			

CHARGE TO: ENERGY THREE

STREET Box 255

CITY Goddard STATE Kansas ZIP 67640

FLOAT EQUIPMENT

	@	
	@	
	@	
	@	
	@	
TOTAL _____		

1997 MAR 25 4 11:32
MANAGER'S OFFICE
ALLIED CEMENTING CO.

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 Timothy F. Schuck

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

ALLIED CEMENTING CO., INC.

7324

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

ORIGINAL SERVICE POINT:

Russell

DATE <u>12-7-96</u>	SEC.	TWP.	RANGE	CALLED OUT <u>6:00AM</u>	ON LOCATION <u>8:30AM</u>	JOB START <u>9:45AM</u>	JOB FINISH <u>5:00PM</u>
LEASEE <u>RICE ESTATE</u>	WELL # <u>4</u>	LOCATION <u>Hwy 283 at Redline Rd. 1S</u>			COUNTY <u>GIRARD</u>	STATE <u>KANSAS</u>	
<input checked="" type="radio"/> OLD OR NEW (Circle one)				14W 1/4 N			

CONTRACTOR Doc's Well Service OWNER _____

TYPE OF JOB Squeeze (PERF-Circ Cement) CEMENT

HOLE SIZE _____ T.D. _____

CASING SIZE 4 1/2 DEPTH _____

TUBING SIZE 2 3/8 DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL Parks CSG Parks DEPTH 560

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. 6-K 770'

AMOUNT ORDERED 200 SK Com 3%cc
150 SK 6 9/40 6%GEL

COMMON	<u>290</u>	@	<u>6.20</u>	<u>1798.00</u>
POZMIX	<u>60</u>	@	<u>2.15</u>	<u>1290.00</u>
GEL	<u>8</u>	@	<u>9.50</u>	<u>76.00</u>
CHLORIDE	<u>6</u>	@	<u>28.00</u>	<u>168.00</u>
_____	_____	@	_____	_____
_____	_____	@	_____	_____
_____	_____	@	_____	_____
_____	_____	@	_____	_____
_____	_____	@	_____	_____
HANDLING	_____	@	<u>1.25</u>	<u>317.50</u>
MILEAGE	<u>42 / 24 / 1000</u>	_____	_____	<u>636.00</u>

EQUIPMENT

PUMP TRUCK CEMENTER Alan

177 HELPER Will

BULK TRUCK _____

291 DRIVER Jason

BULK TRUCK _____

222 DRIVER Bill Ness City

TOTAL 3255.50

REMARKS:

PERF @ 770', SET Packer @ 560'
Mixed 75 SK 6 9/40 6%GEL & 100 SK
COM 3%CC, STAGGED & SQUEEZED TO
1000 #. WASHED OUT TO 755'. Rechecked
TO 650# (HOLD), RAN LOG. Pumped
75 SK 6 9/40 6%GEL & 100 SK
COM 3%CC. DOWN ANNULAS, @
200# MAX PST. & SHUT IN.

THANKS.

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

PLUG _____ @ _____

_____ @ _____

_____ @ _____

TOTAL 445.00

CHARGE TO: ENERGY THREE

STREET Box 255

CITY Goodham STATE Kansas ZIP 67640

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.

SIGNATURE Timothy F. Schels

RECEIVED
 KANSAS CEMENT CO. INC.
 127 W 25 A H-32