

ORIGINAL

SIDE ONE

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

Operator: License # 30660  
Name: CRYSTAL OIL COMPANY  
Address BOX 70  
City/State/Zip ISABEL, KS 67065

Purchaser: \_\_\_\_\_  
Operator Contact Person: MRS BESSIE KRUCKENBERG

Phone (316) 739-4571

Contractor: Name: RED TIGER DRILLING CO

License: 5302

Wellsite Geologist: \_\_\_\_\_

Designate Type of Completion  
 New Well  Re-Entry  Workover

Oil  SWD  Temp. Abd.  
 Gas  Inj  Delayed Comp.  
 Dry  Other (Core, Water Supply, etc.)

If **OWMO**: old well info as follows:  
Operator: \_\_\_\_\_

Well Name: \_\_\_\_\_

Comp. Date \_\_\_\_\_ Old Total Depth \_\_\_\_\_

Drilling Method:  
 Mud Rotary  Air Rotary  Cable

3-5-91 3-13-91  
Spud Date Date Reached TD Completion Date

API NO. 15- 065-22,623 - 0000

County GRAHAM

       NW Sec. 4 Twp. 9S Rge. 24  East  West

4290 Ft. North from Southeast Corner of Section

4100 Ft. West from Southeast Corner of Section

(NOTE: Locate well in section plat below.)

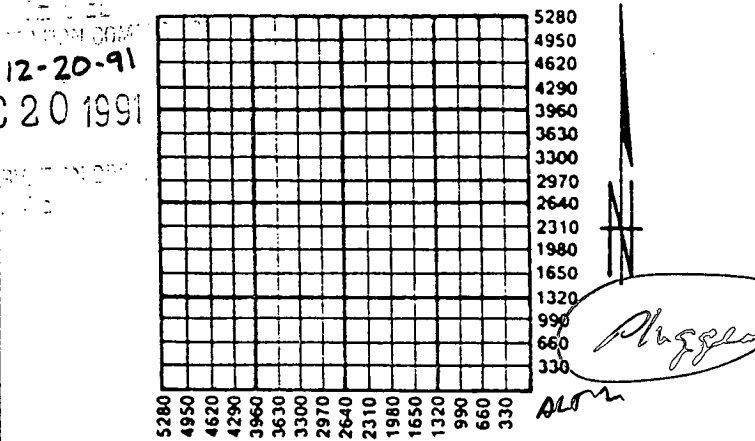
Lease Name TIM WAGGONER Well # #1

Field Name \_\_\_\_\_

Producing Formation \_\_\_\_\_

Elevation: Ground \_\_\_\_\_ KB \_\_\_\_\_

Total Depth 4625 PBDT \_\_\_\_\_



Amount of Surface Pipe Set and Cemented at 222 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.

**INSTRUCTIONS:** This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date of any well. Rule 82-3-130, 82-3-107 and 82-3-106 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 drillers time log 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. Any recompletion, workover or conversion of a well requires filing of ACO-2 within 120 days from commencement date of such work.

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.

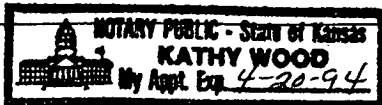
Signature Bessie Kruckenberg

Title Agent Date 12-13-91

Subscribed and sworn to before me this 13th day of December, 19 91.

Notary Public Kathy Wood

Date Commission Expires \_\_\_\_\_



**K.C.C. OFFICE USE ONLY**

F  Letter of Confidentiality Attached  
C  Wireline Log Received  
C  Drillers Timelog Received

**Distribution**

KCC  SWD/Rep  NGPA  
 KGS  Plug  Other  
(Specify)

P1

SIDE TWO

Operator Name CRYSTAL OIL COMPANY Lease Name TIM WAGGONER Well # #1  
 Sec. 4 Twp. 9S Rge. 24  East County GRAHAM  
 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 type="checkbox"/> Yes <input type="checkbox"/> No  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No  Electric Log Run (Submit Copy.) <input type="checkbox"/> Yes <input type="checkbox"/> No	<p style="text-align: center;"><b>Formation Description</b></p> <input type="checkbox"/> Log <input type="checkbox"/> Sample  Name <span style="margin-left: 150px;">Top</span> <span style="margin-left: 100px;">Bottom</span>
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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	12 1/2"	8 5/8" (NEW)	20	222	60-40POZ	140	6%GEL, 2%CC
PRODUCTION	7 7/8"	5 1/2" (USED)	15 1/2	444/	60-40POZ	200	5%GIL, 10%CC

Shots Per Foot	Perforation Record Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) <span style="float: right;">Depth</span>

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No

Date of First Production	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  Perforation  Dually Completed  Commingled

Other (Specify) \_\_\_\_\_

Production Interval \_\_\_\_\_