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KCC WICHITA

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 9594
Name: GREER OIL COMPANY
Address: P O BOX 2444
City/State/Zip: PONCA CITY, OK 74602-2444
Purchaser: PLAINS MARKETING
Operator Contact Person: TOM GREER
Phone: (580) 762-6355
Contractor: Name: NA
License: NA
Wellsite Geologist: NA

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

If Workover/Re-entry: Old Well Info as follows:

Operator: ZENITH DRILLING
Well Name: BROWN # 9

Original Comp. Date: 10-1-65 Original Total Depth: 2765
 Deepening Re-perf. Conv. to Enhr./SWD
 Plug Back 2560 Plug Back Total Depth
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____

8/1/01	8/1/01	8/1/01
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 015-30234 - 00 - 01
County: BUTLER COUNTY
S/2 - SE - SE Sec. 25 Twp. 29 S. R. 5 East West
330 feet from S / N (circle one) Line of Section
660 feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: BROWN UNIT Well #: 9
Field Name: FOX-BUSH

Producing Formation: BARTLESVILLE
Elevation: Ground: 1283 Kelly Bushing: 1288
Total Depth: 2765 Plug Back Total Depth: 2560
Amount of Surface Pipe Set and Cemented at 232 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 2560
feet depth to SURFACE w/ 725 sx cmt.

Drilling Fluid Management Plan OWWO 3WD E4 10/14/03
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used _____
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: [Signature]
Title: owner Date: 11-16-2001
Subscribed and sworn to before me this 14 day of November,
19 2001
Notary Public: [Signature]
Date Commission Expires: 11-30-2005

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

Operator Name: GREER OIL COMPANY Lease Name: BROWN UNIT Well #: 9
 Sec. 25 Twp. 29 S. R. 5 East West County: BUTLER COUNTY

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 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:
BOND LOG, GAMMA RAY NEUTRON - SONIC

Log Formation (Top), Depth and Datum Sample

Name	Top	Datum
BARTLESVILLE	2712	2748

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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
PROD	7 7/8	5.5	155	2789	COM HA-5	100	HA-5
DISPOSAL		2 7/8	6.7	2560	64 / 40	725	60/40 POZ 2% C
SURFACE	12.25	8 5/8	24	232	PORT/DEW	180	HA - 5

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input checked="" type="checkbox"/> Protect Casing	2774	60/40 POZ CALC	725	60/40 POZ, 100LBS CEILO TEX-FLOSEAL
<input checked="" type="checkbox"/> Plug Back TD	2789	60/40POZ CALC		3 SX CALCIUM CHLORIDE
<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
4	2742 - 2748	725 SX 60/40 POZ, 2% CACL	
4	2730 - 2734		
4	2712 - 2722		
16	2626 - 2634		

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2 7/8	2560	2558	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumed Production, SWD or Enhr. **SWD** Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
			125		

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



FIELD ORDER N^o 21166

BOX 438 • HAYSVILLE, KANSAS 67060
316-524-1225

ORIGINAL

DATE 9-7 19 00

IS AUTHORIZED BY: Tom Greer (NAME OF CUSTOMER)
 Address _____ City _____ State _____
 To Treat Well As Follows: Lease NORTH BROWN UNIT Well No. 9 Customer Order No. _____
 Sec. Twp. Range 25-29s-5E County Butler State KANSAS

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid Service is to service or treat at owners risk, the hereinbefore mentioned well a not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, express implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service treatment is payable. There will be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to correction our invoicing department in accordance with latest published price schedules.
 The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED

Well Owner or Operator _____ By _____ Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
<u>4000</u>	<u>320 sx</u>	<u>60/40 Pozz m/z</u>	<u>5.05</u>	<u>1,616-</u>
<u>MKC</u>	<u>4 sx</u>	<u>Cello-Tex - Flo Seal</u>	<u>25⁰⁰</u>	<u>100-</u>
<u>4051</u>	<u>3 sx</u>	<u>Calcium chloride</u>	<u>25⁰⁰</u>	<u>75⁰⁰</u>
<u>4100</u>	<u>1</u>	<u>Pump chg.</u>	<u>600-</u>	<u>600-</u>
<u>4101</u>	<u>40</u>	<u>one way miles Pump TK</u>	<u>1.50</u>	
<u>4102</u>		<u>Demage Bulk TK</u>	<u>391⁰⁰</u>	<u>391⁰⁰</u>
<u>4103</u>	<u>320 sx</u>	<u>Loading chg</u>	<u>320-</u>	<u>320⁰⁰</u>
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		Bulk Charge		
		Bulk Truck Miles		
		Process License Fee on _____ Gallons		
TOTAL BILLING				

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative [Signature]
 Station BUREAU

[Signature]
 Well Owner, Operator or Agent

Remarks Pressured up to 150 PSI. THEN BACK TO 20 PSI

KENS11999

NET 30 DAYS