

ORIGINAL

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

API NO. 15- 009-24698-0000

County Barton

50' N S/2 SW-SW Sec. 20 Twp. 17S Rge. 12 E XW

330 Feet from C/N (circle one) Line of Section

660 Feet from K/D (circle one) Line of Section

Operator: License # 32639

Name: Coral Production Corporation

Address 1600 Stout St., Suite 1500

City/State/Zip Denver, CO 80202

Purchaser:

Operator Contact Person: Jim Weber

Phone (303) 623-3573

Contractor: Name: Vonfeldt Drilling, Inc.

License: 9431

Wellsite Geologist: Jerry Green

Designate Type of Completion
 New Well Re-Entry Workover

Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 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 PBTD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

4-9-01 4-15-01 4-15-01
Spud Date Date Reached TD Completion Date

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

Lease Name Schiller Well # 1

Field Name Wildcat

Producing Formation

Elevation: Ground 1893 KB 1898

Total Depth 3457 PBTD

Amount of Surface Pipe Set and Cemented at 543 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate 1 completion, cement circulated from _____

feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)

Chloride content 28,000 ppm Fluid volume 370 bbls

Dewatering method used Allow to dry & backfill

Location of fluid disposal if hauled offsite:

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, 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 Jan R. Weber
Title President Date 05/09/01

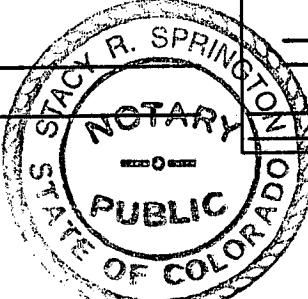
Subscribed and sworn to before me this 9 day of May, 2001

Notary Public Stacy R. Springston

Date Commission Expires My Commission Expires 02-01-2005

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)



Operator Name Cona Production Corporation

Lease Name Schiller

Well # 1

County Barton

Sec. 20 Twp. 17S Rge. 12

East

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 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	T. Anhydrite	790	+1099
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	B. Anhydrite	815	
List All E.Logs Run:		Howard	2735	-837
Gamma Ray Sonic Log - 3457' to 544'		Topeka	2771	-873
		Heebner	3054	-1156
		Toronto	3074	-1176
		Br. Lime	3148	-1250
		T LKC	3160	-1262
		B LKC	3392	-1494
		Arbuckle	3406	-1508

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"	23#	543'	60/40 poz	275	3%CC, 2% gel

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: _____

ALLIED CEMENTING CO., INC. COPY 7297

ORIGINAL

SERVICE POINT:

At Bend

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

DATE <u>4-15-01</u>	SEC. <u>20</u>	TWP. <u>17</u>	RANGE <u>12</u>	CALLED OUT <u>4:00 AM</u>	ON LOCATION <u>7:00 AM</u>	JOB START <u>8:00 AM</u>	JOB FINISH <u>11:30 AM</u>
LEASE <u>Schiller</u>		WELL # <u>1</u>	LOCATION <u>Harrison, 4E, 3N, 1E, 1S,</u>		COUNTY <u>Barton</u>	STATE <u>Ka</u>	
OLD OR <u>NEW</u> (Circle one)			<u>1/4E, 1/2 into</u>				

CONTRACTOR Vonfeldt, Andy

TYPE OF JOB Rotary Plug

HOLE SIZE 7 7/8" TD. 3457'

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4 1/2" DEPTH 3398'

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

OWNER Same

CEMENT AMOUNT ORDERED 155 lbs 60/40, 690 lbs 1/4" floored/sb

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING _____ @ _____

MILEAGE _____

EQUIPMENT

PUMP TRUCK CEMENTER Tenn D

181 HELPER Bob B

BULK TRUCK DRIVER Larry R.

341

BULK TRUCK DRIVER _____

TOTAL _____

REMARKS:

Mixed - 25 lbs @ 3398'

25 lbs @ 893'

80 lbs @ 600'

10 lbs @ 40'

15 lbs in Arthole

Thanks

SERVICE

DEPTH OF JOB 3398'

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

PLUG 1-8 7/8 Dryhole @ _____

_____ @ _____

_____ @ _____

TOTAL _____

CHARGE TO: Coral Production, Corp.

STREET 1600 Stout St. Suite 1500

CITY Denver STATE Colo ZIP 80202

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 X [Signature]

SIGNATURE X [Signature]

PRINTED NAME _____

ALLIED CEMENTING CO., INC. COPY 8354

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

ORIGINAL

SERVICE POINT:
R

DATE 4-10-01	SEC	TWP	RANGE	CALLED OUT	ON LOCATION 5 300u	JOB START	JOB FINISH 9 00 pm
LEASE 5-10-01	WELL # 1	LOCATION Horsington SE 2N			COUNTY Barton	STATE Ks	
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR **Verfult Bldg**

TYPE OF JOB **Surface**

HOLE SIZE **12 1/4** T.D. **550**

CASING SIZE **8 5/8** DEPTH **550**

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. **10 15'**

PERFS. _____

DISPLACEMENT **3462**

OWNER _____

CEMENT AMOUNT ORDERED **275 60/10 37cc 2 1/2 gal**

COMMON @ _____

POZMIX @ _____

GEL @ _____

CHLORIDE @ _____

HANDLING @ _____

MILEAGE @ _____

TOTAL _____

EQUIPMENT

PUMP TRUCK CEMENTER # **345** HELPER _____

BULK TRUCK # **251** DRIVER _____

BULK TRUCK # _____ DRIVER _____

REMARKS:

Cement Circ.

Shoyka

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE @ _____

MILEAGE @ _____

PLUG **8 5/8 Rubber** @ _____

TOTAL _____

CHARGE TO: **Coral Prod**

STREET _____

CITY _____ STATE _____ ZIP _____

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 **Doug Budig**

Doug Budig
PRINTED NAME