

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 # 5798
Name: Michael D. Weilert Oil Co
Address: 866 230th Ave
City/State/Zip: Hays, KS 67601
Purchaser: Coastal States
Operator Contact Person: Michael D. Weilert
Phone: (785) 628-3040
Contractor: Name: Murfin Drilling
License: 30606
Wellsite Geologist: Michael D. Weilert

API No. 15 - 051-25066-0000
County: Ellis
SE - NE - SW - Sec. 5 Twp. 14 S. R. 19 East West
1650 feet from (S) / N (circle one) Line of Section
3135 feet from (E) / W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Coastal Well #: 8
Field Name: Irvin
Producing Formation: Arbuckle

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

Elevation: Ground: 2257 Kelly Bushing: 2262
Total Depth: 3887 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 209 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set 1576 Feet

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

If Alternate II completion, cement circulated from 1576
feet depth to Surface w/ 375 sx cmt.
60/40 6% Gel

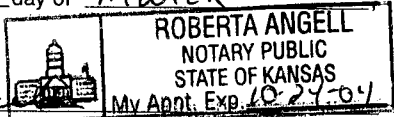
Operator: _____
Well Name: _____
Original Comp. Date: _____ Original Total Depth: _____
 Deepening Re-perf. Conv. to Enhr./SWD
 Plug Back _____ Plug Back Total Depth _____
 Commingled _____ Docket No. _____
 Dual Completion _____ Docket No. _____
 Other (SWD or Enhr.?) _____ Docket No. _____
11-24-00 11-30-00 11-30-00
Spud Date or Date Reached TD Completion Date or Recompletion Date

Drilling Fluid Management Plan *CO2 II KJR 01/03/08*
(Data must be collected from the Reserve Pit)
Chloride content 27,500 ppm Fluid volume 250 bbls
Dewatering method used No free water to remove
Air dry and cover
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: Michael D. Weilert
Title: Operator Date: 3-29-01
Subscribed and sworn to before me this 29th day of March
2001
Notary Public: Roberta Angell
Date Commission Expires: 10-24-04



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

Operator Name: Michael D. Weilert Oil Co Lease Name: Coastal Well #: 8
 Sec. 5 Twp. 14 S. R. 19 East West County: Ellis

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:

Name	Top	Datum
Anhydrite	1534-76	
Topeka	3250	-988
Heebner	3504	-1242
Toronto	3524	-1262
Lansing-KC	3549	-1287
Arbuckle	3883	-1621
RTD	3886	-1624

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	# Sacs Used	Type and Percent Additives
Surface	12-1/4"	8 5/8	20	203	60/40 Poz	140	3% cc
Production	7-7/8"	5 1/2	1416	3884	ASC	175	2% Gel
					Top Stage 60/40 Poz	375	6% 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
Open Hole	3884-3886	Natural	

TUBING RECORD Size 2 7/8 Set At 3872 Packer At _____ Liner Run Yes No

Date of First, Resumerd Production, SWD or Enhr. 12-15-00 Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	25		5		37

Disposition of Gas _____ METHOD OF COMPLETION _____ Production Interval Open Hole 3884-3886

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled _____
 (If vented, Sumit ACO-18.) Other (Specify) _____

Drill Stem

ORIGINAL

DST #1 3821-87

45-45-45-45

Rec: 320' C0

300' MGO

IBHP: 1142

FBHP: 1120

FP 30-185 191-254

Please hold information confidential for 1 year.

Thank You

Michael D. Weilert

3821-87
 45-45-45-45
 Rec: 320' C0
 300' MGO
 IBHP: 1142
 FBHP: 1120
 FP 30-185 191-254

CONFIDENTIAL
 3821-87
 45-45-45-45
 Rec: 320' C0
 300' MGO
 IBHP: 1142
 FBHP: 1120
 FP 30-185 191-254

ALLIED CEMENTING CO., INC. 4656

ORIGINAL

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

SERVICE POINT: Wesell

DATE <u>11/20/00</u>	SEC <u>S</u>	TWP. <u>14</u>	RANGE <u>19</u>	CALLED OUT <u>11:00 am</u>	ON LOCATION <u>1:30 pm</u>	JOB START	JOB FINISH <u>2:15 pm</u>
LEASE <u>East of</u>	WELL # <u>8</u>	LOCATION <u>1/2 mi. S. of DW N.W.</u>			COUNTY <u>87th</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)							

CONTRACTOR M. J. ... #16

TYPE OF JOB SURFACE

HOLE SIZE 12 1/2 T.D. _____

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 1

PERFS. _____

DISPLACEMENT 103

OWNER _____

CEMENT AMOUNT ORDERED 140 yds 6740 lbs

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING _____ @ _____

MILEAGE _____ @ _____

TOTAL _____

EQUIPMENT

PUMP TRUCK CEMENTER Bill

341 HELPER DAVE

BULK TRUCK

160 DRIVER Shane

BULK TRUCK

_____ DRIVER _____

REMARKS:

12 1/2

Cement of 140 yds 6740 lbs

Pump plus of 12 3/4 lbs

Cement delivered.

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

PLUG _____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

CHARGE TO: Michael R. Weir

STREET _____

CITY _____ STATE _____ ZIP _____

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 Bill Weir

Bill Weir

PRINTED NAME

ALLIED CEMENTING CO., INC. 4722

ORIGINAL
SERVICE POINT:

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

Russell

DATE <i>11-30-00</i>	SEC <i>S</i>	TWP. <i>14</i>	RANGE <i>14</i>	CALLED OUT <i>3:30 Am</i>	ON LOCATION <i>3:30 Am</i>	JOB START	JOB FINISH <i>7:40A</i>
LEASE <i>COSAI</i>		WELL# <i>18</i>	LOCATION <i>SECD RW</i>			COUNTY <i>Ellis</i>	STATE <i>Kan</i>
OLD OR NEW (Circle one)							

CONTRACTOR *Muffin #16*

TYPE OF JOB *Sh Prod. CSG*

HOLE SIZE *7 7/8* T.D.

CASING SIZE *5 1/2* DEPTH

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG.

PERFS.

DISPLACEMENT

OWNER _____

CEMENT AMOUNT ORDERED *17 1/2 m ASC 2 1/2 bbl*

Saugal WFR

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING _____ @ _____

MILEAGE _____

TOTAL _____

EQUIPMENT

PUMP TRUCK CEMENTER *Bill*

153 HELPER *Ron*

BULK TRUCK

282 DRIVER *Dason*

BULK TRUCK

_____ DRIVER _____

REMARKS:

PST tool pack etc

Pipe out c 3584

Shoe pt. 23

Insert 3861

Cent pump Saugal WFR

Cent. w/ 17 1/2 m pump plug

slht water follow w/ 3 1/2 bbl mod

land plug c

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

PLUG _____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

CHARGE TO: *Michael D Weiler*

STREET _____

CITY _____ STATE _____ ZIP _____

157 #57

114-6-9-12-14

FLOAT EQUIPMENT

D.V. Towl _____ @ _____

Centralizers _____ @ _____

Long Term Plug _____ @ _____

BAST etc _____ @ _____

_____ @ _____

TOTAL _____

To Allied Cementing Co., Inc.

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TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE *Michael D Weiler*

PRINTED NAME _____

ALLIED CEMENTING CO., INC. 4723

ORIGINAL

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

SERVICE POINT:
Russell

DATE <u>11-30-00</u>	SEC. <u>5</u>	TWP. <u>10</u>	RANGE <u>19</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH <u>10:30 AM</u>
LEASE <u>Co. 191</u>	WELL# <u>2</u>	LOCATION <u>5th Ave</u>	COUNTY <u>Ellis</u>		STATE <u>Ks</u>		
OLD OR NEW (Circle one)							

CONTRACTOR <u>Mattias #16</u>	OWNER _____
TYPE OF JOB <u>top stage</u>	CEMENT AMOUNT ORDERED <u>375pk @ 6 1/4" - 6 7/8" & #7/8"</u>
HOLE SIZE _____ T.D. _____	COMMON _____ @ _____
CASING SIZE <u>5"</u> DEPTH _____	POZMIX _____ @ _____
TUBING SIZE _____ DEPTH _____	GEL _____ @ _____
DRILL PIPE _____ DEPTH _____	CHLORIDE _____ @ _____
TOOL _____ DEPTH _____	_____ @ _____
PRES. MAX _____ MINIMUM _____	_____ @ _____
MEAS. LINE _____ SHOE JOINT _____	_____ @ _____
CEMENT LEFT IN CSG. _____	_____ @ _____
PERFS. _____	_____ @ _____
DISPLACEMENT _____	_____ @ _____
EQUIPMENT	
PUMP TRUCK CEMENTER <u>Bill</u>	HANDLING _____ @ _____
# <u>153</u> HELPER <u>Ron</u>	MILEAGE _____ @ _____
BULK TRUCK	TOTAL _____
# <u>250</u> DRIVER <u>Jason</u>	
BULK TRUCK	
# _____ DRIVER _____	

REMARKS:

Drill tool c 1576
PCI TO OPER TOOL 800"
Cmnt w/ 300pk
Pump plus w/ 396pk water
PCI TO CLIP TOOL 1000"
Cmnt did CIA.
15pk hot hole
10pk moisture

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

PLUG _____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

CHARGE TO: Michael D Weiler

STREET _____

CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

To Allied Cementing Co., Inc.

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TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE Michael D Weiler PRINTED NAME _____