

15-195-22011-00-00

Planned
15-195-22,011-00-00 4-26

SIDE ONE

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

6

API NO. 15- _____
County Trego
NW SE SW Sec. 22 Twp. 11 Rge. 24 East West
990 Ft. North from Southeast Corner of Section
3,630 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)
Lease Name Ehlenburg Well # 1
Field Name WC
Producing Formation none
Elevation: Ground 2273 KB 2278
Total Depth 3975 PBD _____

Operator: License # 8449
Name: McNames & Patterson
Address P.O. Box 20058
Wichita, Ks 67208
City/State/Zip _____
Purchaser: _____
Operator Contact Person: Gary Patterson
Phone (316) 733-5743

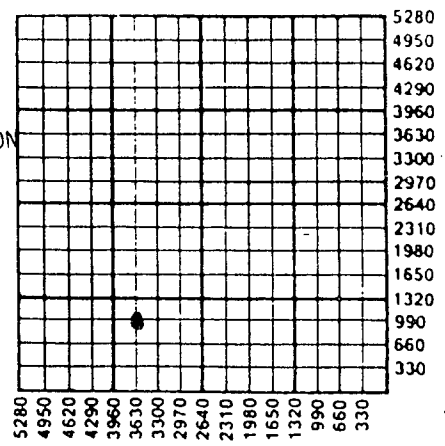
Contractor: Name: Shields Drlg
License: 5655
Wellsite Geologist: Gerald Honas

Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD Temp. Abandoned
 Gas Inj Delayed Completion
 Dry Other (Core, Water Supply, etc.)

If **OWO**: old well info as follows:
Operator: _____
Well Name: _____
Comp. Date _____ Old Total Depth _____

Drilling Method:
 Mud Rotary Air Rotary Cable
4/17/89 4/26/89 4/26/89
Spud Date Date Reached TD Completion Date

RECEIVED
STATE CORPORATION COMMISSION
7-24-1989
JUL 24 1989
OIL & GAS CONSERVATION DIVISION
Wichita, Kansas



ALT O+O

Amount of Surface Pipe Set and Cemented at 252 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 Gary Patterson
Title Partner Date 7/21/89

Subscribed and sworn to before me this 21st day of July, 19 89.
Notary Public Tricia A. Brock
Date Commission Expires _____
TRICIA A. BROCK
NOTARY PUBLIC
STATE OF KANSAS
My Comm. Exp. 6-89

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)
(P)

X

SIDE TWO

Operator Name McNames & Patterson Lease Name Ehlenburg Well # 1
 Sec. 22 Twp. 11 Rge. 21 East County Trego
 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	Formation Description <input checked="" type="checkbox"/> Log <input type="checkbox"/> Sample <table border="1"> <thead> <tr> <th>Name</th> <th>Top</th> <th>Bottom</th> </tr> </thead> <tbody> <tr> <td>Anhy</td> <td>1720</td> <td>1770</td> </tr> <tr> <td>Topeka</td> <td>3328</td> <td></td> </tr> <tr> <td>Heebner</td> <td>3542</td> <td></td> </tr> <tr> <td>Toronto</td> <td>3565</td> <td></td> </tr> <tr> <td>Lansing</td> <td>3581</td> <td></td> </tr> <tr> <td>BKC</td> <td>3822</td> <td></td> </tr> <tr> <td>Marm</td> <td>3870</td> <td></td> </tr> <tr> <td>Arbuckle</td> <td>3931</td> <td></td> </tr> <tr> <td>TD</td> <td>3975</td> <td></td> </tr> </tbody> </table>	Name	Top	Bottom	Anhy	1720	1770	Topeka	3328		Heebner	3542		Toronto	3565		Lansing	3581		BKC	3822		Marm	3870		Arbuckle	3931		TD	3975	
Name	Top		Bottom																													
Anhy	1720		1770																													
Topeka	3328																															
Heebner	3542																															
Toronto	3565																															
Lansing	3581																															
BKC	3822																															
Marm	3870																															
Arbuckle	3931																															
TD	3975																															
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																															
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																															
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																															

DST #1: 3600-3630, 20-30-0-0, ISIP=898, IFP=73-54
 HSP=1866, BHT=119, Rec=10' mud

DST #2: 3750-3820, 20-30-20-30, ISIP=311, FSIP=128
 IFP=82-73, FFP=82-73, HSP=2024, BHT=119,
 Rec=15' mud, show of oil in tool

DST #3: 3932-3949, 20-30-20-30, ISIP=715, FSIP=815
 IFP=54-45, FFP=54-45, HSP 2098, BHT=121,
 Rec=10' mud

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
Surf casing	12 1/4	8 5/8	20#	252'	60/40 poz	150	2% gel 3%cc

Shots Per Foot	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 Yes 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 _____