# RECEIVED AUG 0 2 2006 KCC WICHITA

### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1 September 1999

#### WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 5145	API No. 15 - 195-22355-00-00
Name: DREILING OIL, INC.	County: TREGO
Address: PO BOX 550	S/2 -SE - SW - Sec. 35 Twp. 11 S. R. 22 ☐ East ✓ West
City/State/Zip: HAYS, KANSÁS 67601	feet from (S) / N (circle one) Line of Section
Purchaser:	1910 feet from E / (circle one) Line of Section
Operator Contact Person: TERRY W. PIESKER	Footages Calculated from Nearest Outside Section Corner:
Phone: (	(circle one) NE SE NW (SW)
Contractor: Name: ANDERSON DRILLING	Lease Name: WINDHOLZ UNIT Well #: 1-35
License: 33237	Field Name:
Wellsite Geologist: ROGER FISHER	Producing Formation:
Designate Type of Completion:	Elevation: Ground: 2360 Kelly Bushing: 2365
New Well Re-Entry Workover	Total Depth: 4066 Plug Back Total Depth:
Oil SWD SIOWTemp. Abd.	Amount of Surface Pipe Set and Cemented at 216' @ 218' Feet
Gas ENHR SIGW	Multiple Stage Cementing Collar Used?
Dry Other (Core, WSW, Expl., Cathodic, etc)	If yes, show depth setFeet
If Workover/Re-entry: Old Well Info as follows:	If Alternate II completion, cement circulated from
Operator:	feet depth tow/sx cmt.
Well Name:	
Original Comp. Date: Original Total Depth:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Deepening Re-perf Conv. to Enhr./SWD	Chloride content 5,500 ppm Fluid volume 2500 bbls
Plug Back Plug Back Total Depth	Dewatering method used EVAPORATION
Commingled Docket No	Location of fluid disposal if hauled offsite:
Dual Completion Docket No	
Other (SWD or Enhr.?) Docket No	Operator Name:
04-25-06 05-01-06 05-02-06	Lease Name: License No.:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R East West
Recompletion Date Recompletion Date	County: Docket No.:
Kansas 67202, within 120 days of the spud date, recompletion, workown Information of side two of this form will be held confidential for a period of	th the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, wer or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. 12 months if requested in writing and submitted with the form (see rule 82-3-s and geologist well report shall be attached with this form. ALL CEMENTING s. Submit CP-111 form with all temporarily abandoned wells.
All requirements of the statutes, rules and regulations promulgated to regulate herein are complete and correct to the best of my knowledge.	late the oil and gas industry have been fully complied with and the statements
Signature: Kerry W. Resher	KCC Office Use ONLY
Title: EXPLOR, AND DEV. MANAGER Date: 06-16-06	Letter of Confidentiality Received
	If Denied, Yes Date:
Subscribed and sworn to before me this 1674 day of 340 =	Wireline Log Received
20.06	Geologist Report Received
Notary Public: Yatrica Chily	UIC Distribution
8:33.06	

NBlary Public State of Kansas

Patricia Dreiling My Appt Exp

#### RECEIVED

Side Two

AUG 9 2 2006

perator Name: DREII		☐ East		ty: TREG		SCC ANICI	Ħ ΙΨ <b>Ρ/</b> ₹:			
NSTRUCTIONS: Sho ested, time tool open emperature, fluid reco	w important tops a and closed, flowing very, and flow rate	and base of formations g and shut-in pressure s if gas to surface test inal geological well sit	s penetrated. es, whether s t, along with	Detail a	l cores. Repor	l static level, hydr	ostatic pressu	res, bottom h	nole	
rill Stem Tests Taken (Attach Additional Si	haats)	✓ Yes		<b>⊘</b> L	og Forma	tion (Top), Depth	and Datum	Sar	mple	
amples Sent to Geolo	-	Yes No	∕es ☑ No		Name Anhydrite Topeka Heebner		Top 1807'	Datum +558		
ores Taken							3392' 3603'		27	
lectric Log Run		_							38	
(Submit Copy)			p Clares				3626'	-120		
st All E. Logs Run:			٠.		ing/Kansas C	itv	3640'	-1275		
NEUTRON/DE	NICITY MICI		正言編約日本		- 7	,	3954'	-158	89	
INDUCTION.	NOTT 1, WHO	NO, DOAL	-6742	Arbu			4061'	-169	96	
		CASIN Report all strings s	NG RECORD	***************************************		ction, etc.				
Purpose of String	Size Hole	Size Casing	We	eight	Setting	Type of	# Sacks	Type and		
	Drilled	Set (In O.D.)	<del></del>	./Ft.	Depth	Cement	Used		tives	
SURFACE	12 1/4"	8 5/8"	20#		218'	COMMON	150	3%CC: 2°	% GEL	
Purpose: Perforate Protect Casing Plug Back TD Plug Off Zone	Depth Top Bottom	ADDITION Type of Cement		TING / SQI	JEEZE RECOR		Percent Additive	s		
	DEDECORATE OF THE PROPERTY OF	ION DECODE Dide I	Divers Cod/Time		Acid E	racture Shot Come	nt Saucero Door			
Shots Per Foot		ION RECORD - Bridge I Footage of Each Interval		e 	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)  Depti					
						RECEIV	En			
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							006			
					4	<b>CC WICI</b>	HITA			
TUBING RECORD	Size	Set At	Packer	- Δ1	Liner Run				·. ·····	
TOBING RECORD	0126	301711	T donor			Yes N	0			
Date of First, Resumerd	Production, SWD or	Enhr. Producing	Method	Flowin	g, Dum	ping Gas t	_ift	her (Explain)		
Estimated Production Per 24 Hours	Oil	Bbis. Gas	Mcf	Wat	er	Bbls.	Gas-Oil Ratio		Gravity	
Disposition of Gas METHOD OF COMPLETION			Production Interval							

## ALLIED CEMENTING CO., INC. 23976

REMIT TO P.O. BOX 31 SERVICE POINT: **RUSSELL, KANSAS 67665** Oakley Ke ON LOCATION JOB START RANGE CALLED OUT JOB FINISH 7:15pm 300m COUNTY LOCATION Ogallah 4 1120 OLD OR NEW Circle one) **CONTRACTOR** SAMP OWNER. TYPE OF JOB **HOLE SIZE** CEMENT T.D. CASING SIZE 8518 \*DEPTH AMOUNT ORDERED 160 Com **TUBING SIZE DEPTH** DRILL PIPE **DEPTH** TOOL 160 PRES. MAX **MINIMUM COMMON** MEAS. LINE **SHOE JOINT POZMIX** CEMENT LEFT IN CSG. **GEL** PERFS. **CHLORIDE** DISPLACEMENT BBLS ASC **EQUIPMENT** PUMP TRUCK CEMENTER TUZZY # 191 HELPER LUNGAL **BULK TRUCK** 399 **DRIVER** MAIAN @ **BULK TRUCK** (a) **DRIVER** 168 HANDLING @ ( MILEAGE . 67 **REMARKS:** TOTAL 2888 **SERVICE** DEPTH OF JOB PUMP TRUCK CHARGE EXTRA FOOTAGE 0 MILEAGE @ MANIFOLD. @ @ CHARGE TO: Dreling O'l STREET STATE\_ ZIP PLUG & FLOAT EQUIPMENT RECEIVED AUG 0 2 2006 @ KCC WICHITA @ 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 TOTAL \_ done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND TAX \_ CONDITIONS" listed on the reverse side. TOTAL CHARGE \_ - IF PAID IN 30 DAYS PRINTED NAME

# ALLIED CEMENTING CO., INC.

REMIT TO P.O. B RUSS	BOX 31 SELL, KANSAS 676	65	·		SERVI	ICE POINT:	ley
DATE 5-2-06	SEC. TWP. 3	RANGE 22U	CALLED OUT	ON LO	CATION 1	JOB START	JOB FINISH
LEASE UNIT	WELL# [-35	LOCATION	gallah 4	4N-14 E		COUNTY Treso	STATE Kan
OLD OR NEW (Ci	rcle one)				. ]		
CONTRACTOR	AHA Dels		OWNER	San	NO.	,	
TYPE OF JOB	PTA		<u>.</u>				•
HOLE SIZE	71/8 T.D		CEMENT			4	
CASING SIZE		PTH		Γ ORDERED	21	5 5Ks C	140 DO2
TUBING SIZE	41/1	PTH		% Cel,	LAFE	10-Seel	, , , ,
DRILL PIPE		PTH 4010'					
TOOL		PTH				40	
PRES. MAX	MI	NIMUM	COMMO		_SKs_	@ // 65	1,419-
MEAS. LINE		OE JOINT	POZMIX	86	5Ks_	@ 520	44720
CEMENT LEFT IN	I CSG.		GEL		<u> 5ks</u>	@ <u>1500</u>	1650
PERFS.			CHLORII	DE		@	
DISPLACEMENT			ASC			@	
	<b>EQUIPMENT</b>		Plo-	Seal 50		@ 180	9720
DID OF FRANCIS		~ 11 ·				@	<del>- ' ,</del>
		Jalt				@	
	HELPER					@	
BULK TRUCK	DDIVED	~1				@	
	DRIVER	u, ke				@	
BULK TRUCK #	DRIVER					@	06
			- HANDLI		8 5K3	@ 170	38700
	DEMANDES.		MILEAGI	E	Da- SK	"/ m1(0	
	REMARKS:				ı	TOTAL	3,314-
05 640 =	2/0/0/				CEDVIC	907	•
25 345	7 1820				SERVIC	E	
100 SKS	2 9851		DEPTH O	DE IOD			
CIA Sh	3			UCK CHAR	GE .	***************************************	8000
10 5/4	2 401			OOTAGE		@	020
15 54	In QU		MILEAGI			@ <u>500</u>	05m00
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		1-101102 (02	— MANIFO	LD		@	
						@	
CHARGE TO	Doction	115		11100		<u> </u>	
CHARGE IO:	Dreiling	G-11, INC	<del></del>	•		morm 4 v	10750
STREET						TOTAL	1,075
CITY	CTATE	ZIP					
CITY	STATE		<u> </u>	PLUG 8	FLOAT	EQUIPMEN	( <b>T</b>
	R	ECEIVED			\$5%	_	
	Δ.	UG 8 2 2005	1_ 7	NH DI.	078	@	3500
			<del></del> ;	Part 1 Ptu	5	@	
To Allied Cement	ing Co. Inc. KC	C WICHITA		of the community page is not to the company of the		@	7.
	ang Co., mc.					@	
	equested to rent cer					@	
	nter and helper to a						
	work as is listed. T		S			TOTAL	35-00
	on and supervision	_		•		IOIAL	
	e read & understan		D TAX				
CONDITIONS" I	listed on the revers	e side.					
	***		TOTALC	HARGE		No.	
	n -		DISCOUN	VT		IF DAT	D IN 30 DAYS
. 1	1) 16.	Mar	DISCOUR	. 4 1		11 F/MI	- 11 20 DVI 2
9	and of			•			
SIGNATURE	No /						
7	•				PRINTE	D NAME	